

Minet Green Health Practice

Quality Report

Akerman Health Centre
60 Patmos Road
London
SW9 6AF

Tel: 020 3049 6690

Website: www.minetgreenhealthpractice.co.uk

Date of inspection visit: 05 May 2016

Date of publication: 05/07/2016

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

Ratings

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

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	11

Detailed findings from this inspection

Our inspection team	12
Background to Minet Green Health Practice	12
Why we carried out this inspection	12
How we carried out this inspection	12
Detailed findings	14

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at the Minet Green Health Practice on 5 May 2016. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. All opportunities for learning from internal and external incidents were maximised.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.

- Patients had good access to named GPs and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.
- 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. For example two of the GP partners held academic research posts with local universities which supported the development of innovative practice in primary care.
- The practice had strong and visible clinical and managerial leadership and governance arrangements.

We saw one area of outstanding practice:

- The practice had made a strong commitment to treating people with dignity and respect. This included ensuring that people using the service were not

Summary of findings

discriminated against in any way. For example, the practice had been awarded a Gold 'Pride in Practice' award by the LGBT Foundation for providing inclusive services for patients regardless of their sexual orientation. Staff had received additional training in this area. This was in recognition of the needs of the local population.

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.

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses.
- The practice used every opportunity to learn from internal and external incidents, to support improvement. Learning was based on a thorough analysis and investigation.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



Summary of findings

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients could make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice had made a commitment to treating people with dignity and respect. This included ensuring that people using the service were not discriminated against in any way. For example, the practice had been awarded a Gold 'Pride in Practice' award by the LGBT Foundation for providing inclusive services for patients regardless of their sexual orientation.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

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

Good



Summary of findings

- The GP partners placed a strong emphasis on continuous learning and improvement at all levels. The practice supported trainee doctors at all stages of their development; the practice engaged in research projects led by university teams to support the development of innovative methods for providing high-quality care.

Summary of findings

The six population groups and what we found

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

Older people

Good



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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice prioritised calls from care homes or care agencies in order to provide prompt response to any immediate concerns.
- GPs attended monthly multidisciplinary meetings with a geriatrician to review complex cases.
- Onward referrals were made by clinicians to a local charitable agency that supported older people to access services which enabled safe and independent living.

People with long term conditions

Good



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

- Nursing staff, salaried GPs, and GP partners had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.
- All patients with long-term conditions had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice had a higher than average number of people registered at the practice requiring diabetes care. The practice had recognised the need to improve diabetes care and had a plan in place to implement a range of

Summary of findings

monitoring and education systems with a view to improving outcomes for these patients in the coming year. An audit system was in place to monitor the effectiveness of these programs.

- The practice had an innovative program for identifying and monitoring patients with prediabetes with a view to preventing an escalation to a full diabetes diagnosis. Yearly audits, carried out since 2012, were being used to assess the effectiveness of this strategy.

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 practice's uptake for the cervical screening programme was 76%, which was comparable to the CCG average of 71% and the national average of 74%. 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 and health visitors, for example at multi-disciplinary team meetings where higher-risk cases were reviewed.

Working age people (including those recently retired and students)

Good



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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

Summary of findings

People whose circumstances may make them vulnerable

Good



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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

Good



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

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

- The practice monitored its performance in relation to mental health care. Data for the year 2014/15 showed that 94% of patients with a serious mental health condition had had a care plan review within the past 12 months. Data from the Quality Outcomes Framework (QOF) for 2015/16 showed that the practice had achieved the maximum number of QOF points in this area, indicating that the practice had continued to perform well in this area.

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. Four hundred and fifteen survey forms were distributed and 93 (22%) were returned. This represented less than 1% of the practice's patient list.

- 89% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 75% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 91% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 85% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection.

We received 47 comment cards which were all positive about the standard of care received. The majority (42/47 cards) of feedback demonstrated that patients felt positive about the care received. Patients felt that their concerns were listened to and they were given good advice by the clinical staff. A small number of patients raised concerns about the appointments system and the staff response to their concerns. However, other patients noted that there had been a recent improvement to the appointment systems, particularly in relation to the time taken to get through over the phone.

We spoke with five patients during the inspection. All of the patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. We also reviewed the practice's response to the NHS 'Friends and Family' Test. The patients that had completed this test were likely to recommend the practice to friends and family. For example, 72 patients completed the survey in April 2016 and all but one patient stated that they were 'likely' or 'extremely likely' to recommend the practice to others.

Minet Green Health Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, a second CQC inspector, and a practice manager specialist adviser.

Background to Minet Green Health Practice

The Minet Green Health Practice is located between Brixton and Camberwell in the London Borough of Lambeth. The practice serves approximately 12,100 people living in the local area. The local area is diverse. People living in the area speak a range of different languages and express a range of cultural needs. The practice is situated in a relatively deprived area, compared to the national average.

The practice operates from a single site. It is situated on the first floor of the purpose-built Akerman Health Centre, which also houses a range of other health and social care services. There are twelve consulting rooms and three treatment rooms on the first floor. The premises are fully wheelchair accessible with level access at the entrance and a lift up to the first floor. There are also disabled toilets on site.

There are five GP partners (three female, two male) as well as five salaried GPs, two practice nurses and a healthcare assistant. Overall the practice provides 59 GP sessions each week. The practice also employs a range of non-clinical support staff comprising a business manager, operations manager, two practice administrators and six patient services officers.

The practice provides mentored placements for doctors undertaking their foundation and speciality general practice training, as well as hosting other postgraduate and undergraduate medical students. The practice also supports academic research programmes in general practice with one of the GP partners and one of the salaried GPs linked to university research teams.

The practice offers appointments on the day and books appointments up to four weeks in advance. The practice has appointments from 8.00am to 6.30pm Monday to Friday and is also open on Saturdays from 8.30am to 12:30pm. Patients who need attention outside of these times are directed to call the 111 service for advice and onward referral to other GP out-of-hours services. The practice runs a sexual health clinic which is open from 4.00pm to 7.00pm on Tuesdays and from 9.30am to 12.30pm on Saturdays.

The Minet Green Health Practice is contracted by NHS England to provide Personal Medical Services (PMS). They are registered with the Care Quality Commission (CQC) to carry out the following regulated activities: Maternity and midwifery services; Family planning; Diagnostic and screening procedures; Treatment of disease, disorder or injury.

Why we carried out this inspection

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

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 5 May 2016. During our visit we:

- Spoke with a range of staff including three GP partners, a salaried GP, a trainee GP, a practice nurse, the practice manager, an administrator and a patient service officer. We also spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?

- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia).

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us that if there was an incident then they would inform the designated lead GP partner through the use of an email reporting system. The incident reporting system 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.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, the practice had instigated changes to the system for distributing patient test results to GPs following an incident where the relevant GP had not received results in a timely manner.

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 attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their

responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. All of the staff were trained to a relevant level of child protection or child safeguarding depending on their role. For example, all of the GPs and nurses were trained to level 3.

- A notice in the waiting room advised patients that chaperones were available if required. These notices were also displayed on all of the consulting and treatment room doors. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. One of the GP partners 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.
- 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.
- Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment). Healthcare assistants were trained to administer vaccines and medicines against a patient specific prescription or direction (PSD) from a prescriber (PSDs are written instructions from a

Are services safe?

qualified and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis).

- The practice held small stocks of one controlled drug (diazepam) (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely. There were also arrangements in place for the destruction of controlled drugs.
- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available. 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 (COSHH) 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.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available. We noted that the defibrillator required new pads; the practice manager sent us an email confirming that these had been ordered on the day after the inspection.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- 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. 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 97% (2014-15) of the total number of points available. Exception reporting was generally comparable to the CCG and national averages across a range of conditions. However, exception reporting was relatively high for diabetes at 16% compared to a CCG average of 9%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

We also reviewed the data from the most recent submission for QOF for the year 2015/16 during our inspection visit. Data from the 2014/15 and 2015/16 showed:

- Performance for diabetes related indicators was generally comparable to the national average. For example, in 2014/15 patients with diabetes with an acceptable average blood sugar reading was 71%, compared to the national average of 78%. However, the practice had noted that in 2015/16 they still only achieved 67 out of the possible 86 QOF points achievable in this area. They were also aware that their exception reporting was relatively high.

Performance for mental health related indicators was similar to, or above, the national average. For example, the practice had achieved the maximum number of QOF points in this area in 2015/16. This indicated that the practice had performed well in this area, for example, by ensuring that patients with ongoing mental health concerns had a care plan in place.

We discussed the QOF results with the practice manager and two of the GP partners. They noted the areas where they thought their performance could be improved. This included the management of patients with diabetes. Overall, the practice population had a higher than average prevalence of diabetes. The practice had previously had additional support through a funded diabetes education programme, but this service had been discontinued. The practice planned to replace this service in the coming year by developing additional in-house strategies and services to improve the care of patients with diabetes. This included targeting patients who were known to have poorly controlled diabetes and plans to set collaborative targets with these patients. Additional staff resource would be allocated through the employment of a lead nurse who would work with a physician associate so that they could direct the work in this area. There were plans in place to reduce exception reporting by asking the administrative team to support a more intensive call and recall system to encourage patients to attend for review appointments.

There was evidence of quality improvement including clinical audit.

- There had been seven clinical audits completed in the last two years, three of these were completed audits where the improvements made were implemented and monitored. For example, the practice had instigated a programme of identifying patients with prediabetes in 2012. They offered these patients regular reviews including monitoring of their blood sugar levels. The practice had re-audited their results on a yearly basis and could demonstrate an increase in blood testing of relevant patients from 68% to 92%. The practice provided lifestyle advice and printed information to patients with prediabetes with a view to preventing an escalation of the condition to a full diabetes diagnosis.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.

Are services effective?

(for example, treatment is effective)

For example, one of the GP partners had contributed to a research trial where the use of pedometers as a method for increasing physical activity had been evaluated in primary care patients.

- Findings were used by the practice to improve services. For example, the practice had engaged with representatives from the Medical Protection Society to review their repeat prescribing protocols during visits and meetings in 2015 and 2016. The practice had implemented changes to the prescribing systems in line with the advice they had received with a view to improving the patient safety and the quality of care experienced.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

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

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

Consent to care and treatment

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

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

Supporting patients to live healthier lives

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

- The practice identified 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. These patients were signposted to the relevant services.

Are services effective?

(for example, treatment is effective)

- A dietician was available once a week on the premises; smoking cessation advice, as well as a drugs and alcohol counselling service, were provided in the health centre.
- The practice ran a sexual health clinic on Tuesday afternoons and Saturday mornings; this supported the effective identification and prevention of sexually transmitted infections.

The practice's uptake for the cervical screening programme was 76%, which was comparable to the CCG average of 71% and the national average of 74%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice

followed up women who were referred as a result of abnormal results. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 80% to 97% and five year olds from 82% to 98%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74 years. 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.

Forty two out of the 47 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 five patients during our inspection. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 94% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 89% of patients said the GP gave them enough time compared to the CCG average of 84% and the national average of 87%.
- 97% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and the national average of 95%.

- 90% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 89% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 83% of patients said they found the receptionists at the practice helpful compared to the CCG average of 87% 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:

- 86% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and the national average of 86%.
- 81% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 87% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

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

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

Are services caring?

- Patients with complex needs, who had care plans in place, were routinely given a copy of their care plan for reference purposes.

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 asked new patients if they were carers when they were registered with the practice. Patients were signposted to support services in the local area at that time. The computer system subsequently alerted GPs if a patient was also a carer so that they could offer appropriate help and support during consultations. The practice had identified 312 patients as carers (just under 3% of the practice list).

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 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 liaised with a pharmacist employed by the CCG to review and optimise medicine adherence in elderly, frail patients and those with learning disabilities.

- The practice offered a Saturday morning clinic (8.30am to 12.30pm) for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.
- The practice had received a Gold 'Pride in Practice' award by the LGBT Foundation for providing inclusive services for patients regardless of their sexual orientation. The practice had engaged in a range of activities to achieve this award. For example, the practice had ensured that all staff were fully trained in equality and diversity, that all clinicians were aware of current legislation for same-sex couples, were confident in providing family planning and health promotion advice for LGBT patients, and knew how to signpost patients to other relevant services. The practice also collected data on sexual orientation through new patient registration forms with a view to providing relevant health promotion information, for example, around the need for lesbian women to attend for cervical screening.

Access to the service

The practice was open between 8.00am and 6.30pm Monday to Friday. Appointments were from 8.00am to

11.30am every morning and 3.00pm to 6.00pm. Extended hours appointments were offered every Saturday morning with appointments from 8.00am to 12.00pm. Pre-bookable appointments could be made up to four weeks in advance. Urgent appointments were also available for people that needed them every day.

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

- 83% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 89% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

People told us on the day of the inspection that they were able to get appointments when they needed them. However, the practice had received some recent feedback, via the NHS Choices website and through the practice's complaints system, which noted a problem with the appointments system. Patients had concerns about getting through to staff on the telephone to make an appointment. A small number of the CQC comments cards that we received also highlighted this issue.

We discussed these concerns with the practice manager. They told us they had identified a problem with their phone lines which had accidentally cut off calls after six rings. The practice had now installed new software to keep patients in a queue system on the phone. This software would also allow the practice manager to monitor for periods of peak activity and proactively identify any areas of concern. The practice manager was also in the process of recruiting two, new patient service officers to increase the support available for using the appointment system. The practice website displayed information about the changes made to the call system with a view to keeping patients informed.

The practice had a system in place to assess:

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

Patients who called for an appointment were asked by a patient service officer if they wanted to book in advance or if they needed an urgent care appointment on the same day. The patients decided for themselves if they needed to be seen urgently. Patient service officers had also been

Are services responsive to people's needs?

(for example, to feedback?)

given advice on 'red flag' symptoms which might require urgent attention from a clinician. There were also arrangements in place for a GP to phone a patient or carer at home to determine their level of need. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.

- We saw that information was available to help patients understand the complaints system. For example, there was a poster in the reception area, a description of the process in the patient information leaflet, and a named contact for complaints on the practice website.

There had been 21 written and verbal complaints received in the last 12 months. We reviewed how the practice had dealt with a random sample of these complaints. We found that the practice had operated in an open and transparent manner when dealing with complaints. It was practice policy to offer an apology where they identified that things had gone wrong. We saw written examples of apologies that had been offered. Lessons were learnt from individual concerns and complaints and also from analysis of trends. Action was taken as a result to improve the quality of care. For example, the practice had taken a range of actions to improve patients' experience of making appointments following some complaints. Actions including giving individual staff members additional support and training in communication skills, increasing staffing levels during busy periods, and making changes to the telephone system to support access to the practice.

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 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. There were daily clinical meetings to discuss referrals, but staff told us these also provided valuable opportunities to raise and promptly resolve any concerns as they arose. Monthly staff meetings, with all clinical and non-clinical staff, were also convened.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, 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 was in the process of being relaunched at the time of the inspection and had met within the past month. There were plans in place for the PPG to meet regularly, to carry out patient surveys and submit proposals for improvements to the smooth running of the practice.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss

Are services well-led?

Good 

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

any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run. For example, staff had met to discuss changes to the telephone call handling system and made suggestions for the range of patient information that needed to be given to support timely access to the practice.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example,

two of the GP partners also held academic research posts at universities. The practice supported a range of research projects with recent work covering interventions for patients receiving osteopathy treatment, methods for identifying and supporting patients with HIV, and a pilot study for the development of a new community nursing role. The GP partners had also maintained strong links with the local CCG, with one of the partners taking the lead in the CCG for local mental health initiatives. Another of the GP partners worked closely with the local Sexual Health Network and provided training to other clinicians in the provision of good sexual health services in primary care.