Queenhill Medical Practice

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?	Good

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Queenhill Medical Practice on 30 September 2015. 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:

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Risks to patients were assessed and well managed
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training needs had been identified and planned.
- 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.
- 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.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good

The practice is rated as good for providing safe services. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated widely to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and well managed.

Are services effective?

Good

The practice is rated as good for providing effective services. Data showed patient outcomes were at or above average for the locality. Staff referred to guidance from the National Institute for Health and Care Excellence and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health.

Staff had received training appropriate to their roles and any further training needs had been identified and appropriate training planned to meet these needs. There was evidence of appraisals and personal development plans for all staff. Staff worked with multidisciplinary teams.

Are services caring?

Good

The practice is rated as good for providing caring services. Data showed that 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 also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services. It 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.

Patients said they found it easy to make an appointment and that there was continuity of care, with urgent appointments available the same day. The practice had good facilities and was well equipped to treat patients and meet their needs. Information about how to

Summary of findings

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.

Are services well-led?

Good

The practice is rated as good for being well-led. It had a clear vision and strategy. 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. The practice had a number of policies and procedures to govern activity. There were systems in place to monitor and improve quality and identify risk.

The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group (PPG) was active. Staff had received inductions, regular performance reviews and attended staff meetings.

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 had a predominantly older population, and nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in dementia and end of life care. It had identified people at greater risk of hospital admissions and put in place additional plans of care for them.

The practice held monthly multidisciplinary team meetings attended by social services, district nursing, the community matron and the health visitor for older people, and the elderly care consultant to help find solutions for health and social issues found among their patients in this population group.

It was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs, and their carers. The practice offered seasonal flu vaccinations to patients over the age of 65, and used their healthcare team during these sessions to carry out opportunistic checks, such as of patients' blood pressure.

The practice provided GP support to a local care home, through regular two weekly visits, and additional visits as they were requested.

The practice patient participation group (PPG) organised first aid classes for the practice's older patients.

People with long term conditions

Good

The practice is rated as good for the care of people with long-term conditions. It had nurse led clinics for asthma, Chronic obstructive pulmonary disease (COPD) and Ischaemic Heart Disease (IHD). Longer appointments and home visits were available when needed. Patients with long term conditions were provided with structured annual review to check that their health and medication needs were being met. For those people with the most complex needs, the clinical team worked with relevant health and care professionals to deliver a multidisciplinary package of care.

The practice led in the development of a prostate monitoring service in the local area that enables low risk patients to be followed up in primary care. The practice has also led in the use of GP follow up for

Summary of findings

some other disease areas that had previously been followed out in hospital outpatient services: Coeliac Disease, Barrett's oesophagus, Monoclonal Gammopathy of Undetermined Significance, and chronic lymphocytic leukaemia.

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.

Appointments were available outside of school hours and the premises were suitable for children and babies. We saw good examples of joint working with midwives and health visitors. The practice ran weekly antenatal and baby clinics. The nursing team ran ad hoc family planning support with sexual health advice and chlamydia testing. Through their PPG, the practice offered first aid courses for parents.

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.

People whose circumstances may make them vulnerable — Good

The practice is rated as good for the care of people whose circumstances may make them vulnerable. The practice held a register of patients living in vulnerable circumstances including homeless people, and those with a learning disability. It had carried out annual health checks for people with a learning disability. It offered longer appointments for people with a learning disability.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. It had told 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.

Summary of findings

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). Of the patients on the practice mental health register, 95% had had a comprehensive care plan documented for them in the preceding 12 months. The practice also maintained a register of patients diagnosed with dementia. Of these, 98% had had their care reviewed in the preceding 12 months. All of the practice's patients newly diagnosed with depression in the preceding 12 months had had a bio-psychosocial assessment by the point of diagnosis. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. It 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 recently started providing the use of a consultation room to their local psychological support team, which allowed improved access to this service for their patients.

Summary of findings

What people who use the service say

NHS England GP Patient survey results published on 2 July 2015. This contains aggregated data collected from July-September 2014 and January-March 2015 and showed the practice was performing above or in line with local and national averages. There were 115 responses and a response rate of 40%.

- 95% find it easy to get through to this surgery by phone compared with a CCG average of 74% and a national average of 73%.
- 95% find the receptionists at this surgery helpful compared with a CCG average of 86% and a national average of 87%.
- 92% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 84% and a national average of 85%.
- 96% say the last appointment they got was convenient compared with a CCG average of 91% and a national average of 92%.
- 89% describe their experience of making an appointment as good compared with a CCG average of 72% and a national average of 73%.
- 92% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 58% and a national average of 65%.
- 84% feel they don't normally have to wait too long to be seen compared with a CCG average of 50% and a national average of 58%
- However, 38% with a preferred GP usually get to see or speak to that GP compared with a CCG average of 54% and a national average of 60%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 44 comment cards which were mostly positive about the standard of care received. Patients told us they received a good service, mentioning the particular care and attention they received from individual doctors. They told us the practice staff were supportive, friendly helpful, and respectful.

We spoke with two members of the practice's patient participation group (PPG) during our inspection. They told us the practice team had been supportive of them, and had taken on board their recommendations for changes and improvements to be made in the practice.

We reviewed the practice's results for the friends and family test (FFT) over the last year. The FFT results were positive and showed most respondents would recommend the practice to someone new to the area.

Queenhill Medical 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 an Expert by Experience.

Background to Queenhill Medical Practice

Queenhill Medical Practice is located in Selsdon, South Croydon. At the time of our inspection, the practice had approximately 7300 registered patients.

The practice is registered with the Care Quality Commission (CQC) to provide the regulated activities of treatment of disease, disorder or injury, family planning services, maternity and midwifery services, surgical procedures, and diagnostic and screening procedures at one location.

The practice has a PMS contract. (Personal Medical Services(PMS) agreements are locally agreed contracts between NHS England and a GP practice) and provides a range of essential, additional and enhanced services including maternity services, child and adult immunisations, family planning clinic, contraception services, minor surgery and substance misuse management.

The practice is currently open five days a week, Monday to Friday from 8:00am to 6:30pm. In addition, the practice offers extended opening hours from 6:30pm - 8:00pm every Wednesday and Thursday. From 18.30 the practice telephone lines will be switched over to their Out of Hours service provider.

Queenhill Medical Practice has two GP partners, five salaried GPs, one nurse prescriber, two healthcare assistant, and a phlebotomist. At the time of our inspection, the practice was in the process of recruiting an additional nurse. The practice staff team also included a practice manager, a reception supervisor and a reception team of 13 reception and administrative staff.

Queenhill Medical Practice is an accredited training practice. At the time of our inspection, there were two GP registrars in training at the practice.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme. We had not inspected this service before which was why we included them.

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. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

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?

Detailed findings

- 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)

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 30 September 2015.

During our visit we spoke with a range of staff (GPs, nursing staff, practice management, reception and admin staff). We spoke with members of the patient participation group. We observed how people were being cared for and reviewed the personal care or treatment records of patients. We reviewed comment cards where patients and members of the public shared their views and experiences of the service.

Good

Are services safe?

Our findings

Safe track record and learning

There was an open and transparent approach and a system in place for reporting and recording significant events. People affected by significant events received a timely and sincere apology and were told about actions taken to improve care. 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. All complaints received by the practice were entered onto the system and automatically treated as a significant event. The practice carried out an analysis of the significant events.

We reviewed safety records, incident reports 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, following a delay in a patient referred via the two week cancer care pathway receiving an appointment, the practice discussed the event at their weekly clinical meeting and agreed to continue asking patients to contact them if they did not receive a referral appointment within a set timeframe. All staff were also made aware of the new electronic pathway and potential problems.

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance. This enabled staff to understand risks and gave a clear, accurate and current picture of safety.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep people safe, which included:

- Arrangements were in place to safeguard adults and children 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 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 relevant to their role.
- A notice was displayed in the waiting room, advising patients that they could request a chaperone to attend their appointment, if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring check (DBS). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- 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 up to date fire risk assessments and regular fire drills were carried out. 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 also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health, infection prevention and control and legionella.
- Appropriate standards of cleanliness and hygiene were followed. 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. Six-monthly 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 drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Regular medication audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. The prescribing system had built in safeguards to support prescribers in the safe and effective use of medicines. Any deviations from the

prescribing policy were recorded and a report of these deviations was reviewed at the partners' meetings. Prescription pads were securely stored and there were systems in place to monitor their use.

- Recruitment checks were carried out and the three staff files we reviewed showed that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references and qualifications. The newly recruited members of staff were administrative staff, so in accordance with the practice recruitment policy did not have DBS checks carried out on them prior to their employment. The practice had a policy and risk assessment around the completion of DBS checks.
- 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 that enough staff were on duty, and cover arrangements were also in place.

Arrangements to deal with 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 practice. The practice had a defibrillator available on the premises and oxygen with adult and children's masks. 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 had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and services.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment in line 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 ensure all clinical staff were kept up to date. The practice had access to NICE guidelines and used this information to develop how care and treatment was delivered to meet 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 participated in the Quality and Outcomes Framework (QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Current results were 100% of the total number of points available, with an overall exception reporting rate of 2.6%. This practice was not an outlier for any QOF (or other national) clinical targets. Data showed for example:
- The practice scored 100% for its performance against indicators relating to the care of patients with heart failure
- The percentage of patients with stroke or transient ischaemic attack (TIA) who had had a blood pressure check in the preceding 12 months was 94%, and 95% of patients with non-haemorrhagic stroke or TIA were being treated with the recommended anti-coagulant or anti-platelet therapy
- Performance for indicators related to the care of patients with diabetes ranged from 78% to 100%

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and people's outcomes. Members of the clinical team showed us clinical audits completed in the last two years. These included audits of cervical screening, post-surgery infections, asthma, and use of inhaled corticosteroids. These were completed audits where the improvements made were implemented and monitored. The practice participated in applicable local audits and l benchmarking exercises. Findings were used by the practice to improve services. For example, recent action taken as a result included updating the wound management instructions for patients to improve post-operative healing following the post-surgery infections audit.

Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, fire safety, health and safety and confidentiality.
- 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 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.
- Specialist services provided by the GPs in the practice included dermatological minor surgery and cryotherapy, joint aspirations and injections
- One of the GP partners was a GP trainer, member of the local Medical Committee and CCG Cancer lead.

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 test results. Information such as NHS patient information leaflets were also available. All relevant information was shared with other services in a timely way, for example when people were referred to other services.

Good

Are services effective?

(for example, treatment is effective)

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 are discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

Consent to care and treatment

Patients' consent to care and treatment was always sought 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, assessments of capacity to consent were also carried out in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment. The process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

Health promotion and ill-health prevention

Patients who may be in need of extra support were identified by the practice. 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.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 89%, which was above the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice 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 averages for vaccinations recommended at 12 months and 24 months of age, and above the CCG averages for vaccinations recommended at five years of age. The childhood immunisation rates for the vaccinations given to children at 12 months and 24 months of age ranged from 91% to 97% and five year olds from 84% to 94%.

Flu vaccination rates for the over 65s were 75%, and at risk groups 55%. These figures were slightly above the CCG average.

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.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained 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. Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private area to discuss their needs.

Most of the 44 patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect. We also spoke with two members of the patient participation group (PPG) on the day of 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 were happy with how they were treated and that this was with compassion, dignity and respect. The practice was rated well and in line with the local area and national averages for its satisfaction scores on consultations with doctors and nurses. For example:

- 85% said the GP was good at listening to them compared to the CCG average of 86% and national average of 87%.
- 83% said the GP gave them enough time compared to the CCG average of 83% and national average of 89%.
- 94% said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and national average of 95%
- 80% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 81% and national average of 85%.
- 91% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 89% and national average of 90%.
- In addition, 95% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients we spoke with told us that health issues were discussed with them and 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 on the comment cards we received was also positive and aligned with these views.

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

- 82% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83% and national average of 86%.
- 76% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 77% and national average of 81%

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, and that there was also a service to access British Sign Language interpreters.

Patient and carer support to cope emotionally with care and treatment

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. There was a practice register of patients who were carers, identified through the local council register or by the patients concerned themselves. Carers were supported, for example, by offering health checks, seasonal

Good

Are services caring?

flu vaccinations and referral for social services support. Written information was available for carers to ensure they understood 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.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local stakeholders to plan services and to improve outcomes for patients in the area. For example, the practice reflected on the findings of its practice profile provided by the Croydon Public Health Intelligence team to develop areas for action.

Services were planned and delivered to take into account the needs of different patient groups and to help provide ensure flexibility, choice and continuity of care. For example:

- The practice offered appointments on Wednesday and Thursday evenings until 8.00pm which were available when pre-booked only
- There were longer appointments available for people with additional needs, such as those with a learning disability.
- Home visits were available for patients who would benefit from these.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were disabled toilet facilities, and baby changing facilities available.
- The ground floor of the premises was accessible to wheelchair users

The practice had an active patient participation group that had implemented health promotion initiatives and events in response to patient feedback. For example they had organised first aid classes for older patients and for parents.

Access to the service

The practice was open between 8.00am and 6.30pm on Monday to Friday. Extended hours surgeries were offered on Wednesday and Thursday evenings between 6.30pm and 8.00pm which were available when pre-booked only. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment was comparable to local and national averages and the patient feedback we received on the day of our inspection showed patients were able to get appointments when they needed them. For example:

- 81% of patients were satisfied with the practice's opening hours compared to the CCG average of 76% and national average of 75%.
- 95% patients said they could get through easily to the surgery by phone compared to the CCG average of 74% and national average of 73%.
- 89% patients described their experience of making an appointment as good compared to the CCG average of 72% and national average of 73%.
- 92% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 58% and national average of 65%.

Listening and learning from concerns and complaints

The practice had a 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 in the form of summary information leaflets and information on the practice website. Patients we spoke with were aware of the process to follow if they wished to make a complaint.

We looked at the 15 complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way, openness and transparency with dealing with the compliant.

Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. Complaints were regularly discussed at clinical meetings and practice meetings and lessons learnt led to changes in 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 clear aims and objectives to deliver high quality care and promote good outcomes for patients.

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
- A programme of continuous clinical and internal audit, and local benchmarking, which was used to monitor quality and to make improvements
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions
- The practice were engaged in regular internal and external discussions, including weekly clinical meetings, monthly multi-disciplinary meetings, and CCG network meetings

Leadership, openness and transparency

The partners in the practice have the experience, capacity and capability to run the practice and ensure high quality care. They prioritise safe, high quality and compassionate care. The partners were visible in the practice and staff told us that they were approachable and always take the time to listen to all members of staff. The partners encouraged a culture of openness and honesty.

Staff told us that regular team meetings were held. Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and confident in doing so and felt supported if they did. Staff said they felt respected, valued and supported.

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

The practice encouraged and valued feedback from patients, proactively gaining patients' feedback and engaging patients in the delivery of the service. It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met on a regular basis, carried out health promotion events and submitted proposals for improvements to the practice management team. For example, the PPG had campaigned for improvements to be made to the appointments system by reducing the rates of patients who did not attend (DNA) through the use of text reminders, advertising and a message on the telephone system advising patients to cancel any appointments no longer required.

The practice had also gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Innovation

There was a strong 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.

Queenhill Medical Practice has been a training practice for over 20 years. The practice had an approved GP trainer, and there were two GP registrars in training at the practice at the time of our inspection.