

# Kings Medical Centre

## 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?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Kings Medical Centre on 23 October 2015. 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. They were analysed and areas for improvement identified.
- The practice had an effective recruitment process and staff were suitably qualified and experienced.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Staff were aware of relevant legislation in relation to consent including the Mental Capacity Act 2005.
- Clinical performance was monitored regularly and performance against targets was high. All staff understood their roles and worked towards achieving the targets and objectives that had been set.
- The practice was aware of the needs of their patient population group and tailored their services accordingly. Information about how to complain was available and easy to understand.
- Data available to us, feedback on CQC comment cards and information received from the patients we spoke with reflected that patients were very satisfied with the services provided.
- Patients resident in care homes received regular reviews of their care and treatment and their needs were being met.
- The practice had a clear vision and had identified the objectives of the practice. This was monitored, regularly reviewed and discussed with staff.
- There were high levels of staff satisfaction and staff worked as part of a cohesive unit. There was visible leadership and staff felt included and valued.

# Summary of findings

However there were areas of practice where the provider must make improvements:

- Ensure a risk assessment is in place and / or a Disclosure and Barring Service (DBS) check has been received before any member of staff can undertake chaperone duties. Ensure those staff that are undertaking chaperone duties have the right knowledge to carry out their role.

There were also areas where the provider should make improvements;

- Ensure the defibrillator is regularly checked to ensure it is in working order and ready for use.

- Improve the system for monitoring staff training to ensure that the training required and frequency is identified and followed.
- Improve the recording of meetings that take place at the practice so that staff are involved in discussions about safety incidents and complaints where relevant. The practice should also include an audit trail to reflect that improvements identified have been actioned and by whom.
- Provide a sharps injury policy for the information of staff and ensure they are aware of the contents.

**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 requires improvement for providing safe services. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Areas for improvement were cascaded to staff through team meetings but this was not always recorded. Information about safety was recorded, monitored, appropriately reviewed and addressed. Effective infection control procedures were in place and an up to date infection control audit had been undertaken. Not all staff acting as chaperones had received training or a disclosure and barring service check or risk assessment. Staff had been trained to handle medical emergencies and medicine and equipment were readily accessible to them. The defibrillator was not subject to checks to ensure it was in working order. Recruitment procedures were robust and an induction process was in place. National patient safety and medicine alerts were acted on appropriately. Patients received reviews of their medicines.

**Requires improvement**



### Are services effective?

The practice is rated as good for providing effective services. Systems were in place to ensure that clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines. Practice performance was being monitored to ensure they achieved their healthcare targets and objectives. Data for the last two years reflected that the practice had consistently achieved above average standards of performance when compared to neighbouring and national practices. Staff skills and competence met the needs of patients and support, training and development was planned to achieve their objectives. However some staff did not have the right knowledge to carry out chaperone duties. Staff worked as part of a cohesive team and received annual appraisals. A clear emphasis was placed on health promotion and prevention with the elderly. Local care homes reported that the practice was highly effective in meeting patients' care needs. Above average levels of performance had been achieved with child immunisations and flu vaccinations.

**Good**



### Are services caring?

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

**Good**



# Summary of findings

services available was easy to understand and accessible. We also saw that staff treated patients with kindness and respect, and maintained confidentiality. Support was provided to the carers of patients including being signposted to external organisations that could provide additional services.

## Are services responsive to people's needs?

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 were satisfied with the appointment system and were able to achieve continuity of care through a choice of GP. Urgent appointments were available the same day and appointments could be booked on the same day and up to two days in advance. Home visits and telephone consultations were available. The practice had facilities for the disabled and was well equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders although this was not always recorded in a detailed way to reflect it had taken place.

Good



## Are services well-led?

The practice is rated as good for being well-led. It had a clear vision that it shared with staff working at the practice. The performance of the practice in relation to the Quality and Outcome Framework reflected that performance targets were being regularly met. All staff worked towards the performance objectives. Governance and performance management arrangements were in place and leadership roles had been identified. Staff appraisals, recruitment processes and policies had been completed to satisfactory standards. The practice gathered feedback from patients about individual GPs and monitored the results of the GP national patient survey. The practice had a new patient participation group (PPG) which was working with the practice to identify improvements. There was a team meeting structure that involved regular meetings with staff. The minutes of the meetings were not recorded in a way that demonstrated that issues had been discussed and action had been taken in relation to improvements.

Good



# Summary of findings

## The six population groups and what we found

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

### Older people

The practice is rated as good overall for this population group. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice held regular palliative care meetings attended by other health care professionals to discuss patient needs as part of a multidisciplinary package of care. A monthly multidisciplinary meeting took place to discuss the care and treatment needs of patients considered to be frail to avoid unnecessary hospital admissions. Care plans were in place for frail patients including a 'Patient Passport' that provided ready access to their medical records for other healthcare professionals. The appointment system was flexible and included telephone consultations and home visits. The practice visited elderly patients in their residential care homes to provide care and treatment and worked closely with the community matron. These included emergency visits and a 'ward round.' Flu vaccination rates were in line with national averages and home visits were available. Regular reviews of medicines took place. Patients over 65 had a named GP. Medicines were delivered to patients' homes when required.

Good



### People with long term conditions

The practice is rated as good overall for this population group. Nursing staff had been appropriately trained in the management of long-term conditions. Nurses had lead roles in chronic disease management for diabetes and respiratory conditions. The practice took part in a local project to provide additional support for patients with diabetes. Patients who required it received support to help them lose weight and to take part in a local initiative to increase exercise levels as part of a weight loss programme. In-house joint injection and acupuncture clinics were available for patients to avoid them having to attend hospital to receive treatment. Longer appointments, home visits and telephone consultations were available. Arrangements were in place with local pharmacies to provide a home delivery for their medicines. Patients received a medicines review every three months. Patients at risk of hospital admission were identified as a priority. Registers were in place to enable the practice to monitor those with long-term conditions and with palliative care needs. Patients were reviewed annually and a system was in place to remind them to attend for their health check. Multidisciplinary team meetings took place monthly with other healthcare professionals to meet the care and treatment needs of patients.

Good



# Summary of findings

## Families, children and young people

The practice is rated as good overall for this population group. There were systems in place to identify, review and follow up children living in vulnerable circumstances and who were at risk. All GPs were appropriately trained to manage safeguarding concerns in relation to children and young persons. Childhood immunisation rates were high for all standard childhood immunisations. The practice provided opportunistic chlamydia screening services targeting 16 to 24 year olds. A range of contraceptive options were available for patients. Ante and post-natal checks were available for mothers and babies. Health visitors attended the practice to provide advice and guidance to parents. Cervical screening rates were in line with the national average. The practice worked with community paediatric nurses to identify additional support for parents and their children. Children were prioritised and seen by GPs on the day if there was an emergency. Appointments were available outside of school hours and the premises were suitable for children and babies.

Good



## Working age people (including those recently retired and students)

The practice is rated as good overall for this population group. 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. Appointments were available for working people before 9am and after 5pm each day. The practice was taking part in the Prime Ministers Challenge Fund initiative, providing appointments at the weekend at local practices. Electronic prescribing was available and appointments were bookable online. The practice offered a range of health promotion and screening that reflected the needs for this age group. Health checks were available for those patients over the age of 40. Smoking cessation clinics were in place. University students were encouraged to receive a meningitis C vaccination and could re-register when returning for their term holidays.

Good



## People whose circumstances may make them vulnerable

The practice is rated as good overall for this population group. The practice was aware of their vulnerable patients including those with learning disabilities, the homeless and the travelling community. A monthly multidisciplinary meeting took place to discuss the care and treatment needs of patients considered to be frail and may deteriorate rapidly. Carers or relatives were consulted about the care and treatment needs of patients after consent was obtained. The practice registered homeless persons at the practice. Staff were aware of the Mental Capacity Act 2005 guidance. Annual health checks took place for patients with learning disabilities and longer

Good



# Summary of findings

appointments were available. 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.

## **People experiencing poor mental health (including people with dementia)**

The practice is rated as good overall for this population group. The practice worked with local mental health team professionals to encourage patients to attend the practice for health reviews. Double appointments were made available for patients with mental health issues so time could be given to their health care needs. The practice attended case conferences with psychiatrists to improve their learning and their consultation skills. Drugs and alcohol counselling professionals attended practice meetings to discuss cases. Psychology services used the practice facilities so that patients could have ready access to them. Prescribing was monitored and a GP had received specific training in relation to patients suffering from poor mental health, so that they received the most appropriate medicine. Telephone advice and guidance was available for assurance purposes if required. A register of patients with dementia was held and 92% of patients diagnosed with dementia had received an annual physical health check. Dementia screening services were available and the practice worked with multi-disciplinary teams in the case management of people experiencing poor mental health. There was ready access to emergency mental health crisis teams.

**Good**





# Summary of findings

## What people who use the service say

The national GP patient survey results published in July 2015 showed the practice was performing in line with local and national averages. There were 115 responses and a response rate of 40%.

- 73% found it easy to get through to this surgery by phone compared with a Clinical Commissioning Group average of 63% and a national average of 74%.
- 93% found the receptionists at this surgery helpful compared with a CCG average of 85% and a national average of 87%.
- 51% with a preferred GP usually got to see or speak to that GP compared with a CCG average of 54% and a national average of 60%.
- 85% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 85% and a national average of 85%.
- 95% said the last appointment they got was convenient compared with a CCG average of 90% and a national average of 92%.
- 81% described their experience of making an appointment as good compared with a CCG average of 67% and a national average of 74%.
- 79% said they usually waited 15 minutes or less after their appointment time to be seen compared with a CCG average of 58% and a national average of 65%.

- 71% felt they didn't normally have to wait too long to be seen compared with a CCG average of 51% and a national average of 58%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 28 comment cards and all of them contained positive feedback about the services provided at the practice. The comments made reflected they were satisfied with the care and treatment provided by the GPs and nurses, that the appointment system met their needs and that staff were kind and caring and treated them with dignity and respect. There were only two minor negative comments about obtaining an appointment and access to a preferred GP.

Representatives of the patient participation group told us that they worked with the practice to identify areas for improvement to improve the experience of patients at the practice. The six patients spoken with on the day of the inspection commented positively about the services the practice provided and the professionalism of the staff.

Managers from four separate care homes told us that the services provided by the practice were outstanding and that the practice provided a responsive, caring service.

## Areas for improvement

### Action the service **MUST** take to improve

- Ensure a risk assessment is in place and / or a Disclosure and Barring Service (DBS) check has been received before any member of staff can undertake chaperone duties. Ensure those staff that are undertaking chaperone duties have the right knowledge to carry out their role.

### Action the service **SHOULD** take to improve

- Ensure the defibrillator is regularly checked to ensure it is in working order and ready for use.

- Improve the system for monitoring staff training to ensure that the training required and frequency is identified and followed.
- Improve the recording of meetings that take place at the practice so that staff are involved in discussions about safety incidents and complaints where relevant. The practice should also include an audit trail to reflect that improvements identified have been actioned and by whom.
- Provide a sharps injury policy for the information of staff and ensure they are aware of the contents.

# Kings Medical Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC lead inspector. The team included a second CQC inspector, a GP specialist advisor, a practice manager specialist advisor and a nurse specialist advisor.

### Background to Kings Medical Centre

The Kings Medical Centre is located in Buckhurst Hill, Essex. The practice has a general medical services (GMS) contract with the NHS. There are approximately 7350 patients registered at the practice. The practice is a training practice.

The practice is registered with the Care Quality Commission as a partnership and there are four partners. The GPs are supported by three nurses working a variety of part-time hours. There is a practice manager, a reception manager and an IT lead. There are a number of administration staff carrying out reception and clerical duties. There are a total of 19 staff working at the practice.

The surgery is open Monday to Friday between 8am and 6.30pm and GP surgeries run in the mornings and afternoons at various times. The practice is closed on a Wednesday afternoon and patients requiring care or treatment could contact the out of hour's service. The practice is taking part in the Prime Ministers Challenge Fund initiative, providing bookable appointments at the weekend for their patients at a practice in the locality. This is a local initiative supported by a number of GPs from a variety of practices working at the weekends on a rota basis. Appointments are available on Saturdays and Sundays during the day.

The practice has opted out of providing 'out of hours' services which is now provided by Partnership of East London Co-operatives. Patients can also contact the non-emergency 111 service to obtain medical advice if necessary.

### Why we carried out this inspection

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

### 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?
- 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)

## Detailed findings

Before inspecting, we reviewed a range of information that we hold about the practice. We carried out an announced visit on 23 October 2015. During our inspection we spoke with three GPs, a GP in training, the practice manager, the reception manager, the IT lead, two nurses, and two members of the reception and administration team. We spoke with four care homes that received services from the

practice. We also spoke with two representatives of the patient participation group and six patients who used the service. We observed how patients were treated when they attended the practice and reviewed a range of documents and policies. We looked at 28 comment cards where patients shared their views and experiences of the service.

# Are services safe?

## Our findings

### Safe track record and learning

There was an effective system in place for reporting and recording significant events. Staff were aware of the procedure to follow and were encouraged to report incidents. We discussed the procedures with the practice manager and GPs and found that significant events were analysed for learning opportunities and action taken to prevent a reoccurrence.

We viewed four significant events that had been recorded over a 12 month period up to June 2015 and found that they had been recorded correctly, analysed and investigated. Where learning had been identified this was cascaded to staff at meetings and action plans put in place for improvements. Although we found that staff were aware of the significant events that had taken place, these had not always been minuted in a way that reflected an audit trail to show that actions had been implemented. The practice told us that future meetings would be minuted in a more comprehensive way.

Where patients had been affected by a significant event there was a system in place to provide them with a timely explanation and apology where relevant. This reflected that the practice demonstrated a duty of candour by acting in an open and transparent way.

All complaints received by the practice were recorded appropriately and investigated and staff and patients informed of the outcomes and learning.

Safety was monitored using information from a range of sources, including the 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:

- The practice had an effective system to manage national patient safety and medicine alerts. These were received at the practice by email, discussed by GPs and nurses at clinical meetings and appropriate action taken

to identify patients affected by the alerts for a review of their medicines. This was often followed up with a letter to the patient explaining why a medicine had been changed, for example.

- 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 GP responsible for safeguarding concerns and all GP partners had received appropriate levels of training. External safeguarding meetings with other agencies were attended to discuss concerns that had been raised. Not all staff had received safeguarding training but we were told that this had been booked for them in the near future. Staff that had received training demonstrated they understood their responsibilities and were aware of the different types of abuse.
- A notice was displayed in the waiting room, advising patients of the availability of chaperones. Some staff who acted as chaperones had received training 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). However we found that there were some members of staff who were used as chaperones that had not received formal training or a DBS check and a risk assessment was not in place to show why one was not necessary.
- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available and a risk assessment in place that identified the risks to patients and staff. The practice had up to date fire risk assessments and fire alarm testing was carried out on a regular basis. All fire and 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 undertaken risk assessments in relation to the control of substances hazardous to health, infection control and legionella.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be visibly clean and tidy. There was an infection control policy in place

## Are services safe?

and staff had received role specific training. An infection control audit had taken place that had identified an area for improvement. It was not clear from the audit that the appropriate action had been taken. This was a minor issue that had not put patients at risk.

- 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 Clinical Commissioning Group (CCG) pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Data available to us reflected that the practice prescribing patterns provided value for money and they performed consistently well when as compared with other practices in the local CCG. Prescription pads were securely stored and repeat prescriptions were available electronically.
- Patient's medicines were managed safely and in line with relevant guidance. This included patients on high risk medicines. The system in place ensured that patients received a clinical review of their medicines and where required, blood tests or a face to review took place.
- The practice had a recruitment policy that described the process to follow and the requirement to undertake appropriate checks prior to employment at the practice. This included proof of identity, references, qualifications, registration with the appropriate professional body and appropriate checks through the Disclosure and Barring Service. We looked at the file of an employee that began work at the practice in April 2015. This contained the relevant documents in line with

guidance. We spoke with that member of staff and they confirmed they had been through a recruitment process and a detailed induction period that included their supervision in the workplace. This induction had been recorded.

- Arrangements were in place for planning and monitoring the number of staff and mix of skills 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 at all times. The practice policy stipulated that two GPs and one partner as a minimum would be on duty at all times when the practice was open.

### **Arrangements to deal with emergencies and major incidents**

Some staff working at the practice had received basic life support training and this included the use of the defibrillator. The practice was aware that training was due for some members of staff and this had been arranged for the near future. Emergency medicines, a defibrillator and oxygen were available and accessible in one of the treatment rooms and the staff spoken with that had been trained knew how to operate the equipment. The defibrillator available on the premises and oxygen included adult and children's masks. All the medicines and equipment we checked were in date and fit for use. However there was no periodic monitoring of the defibrillator to ensure that the battery remained charged and was ready 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.

# 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 guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs.

We found that the GPs and clinical staff shared their knowledge and expertise with each other and attended local peer review meetings with other GPs and specialists in the local areas to discuss and review particular medical cases to improve their consultations. They also had regular meetings with GP registrars (training) working at the practice to keep up to date with any new practice or innovations in healthcare.

### 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. The practice also monitored patient outcomes for health conditions that fell outside of the QOF.

Results for the year 2012 to 2013 were 98.9% of the total number of points available for QOF achievement. Results for the year 2013 to 2014 were 95.47% of the total number of points available. This reflected a consistent approach to delivering their performance objectives. This practice was not an outlier for any QOF (or other national) clinical targets.

Performance for diabetes related indicators was similar to other practices nationally. Examples were as follows;

- The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less was 76% as compared with 82% nationally.

- The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 96% compared with 88% nationally.

Other examples of performance data were as follows;

- The percentage of reviews of patients with dementia was 92% compared with 84% nationally.
- The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 9 months is 150/90mmHg or less was 82% as compared with 83% nationally.

We found that staff at the practice worked as a team to achieve performance targets. The data available to us was indicative of a practice that was monitoring the effectiveness of their care and treatment and meeting patient needs. The practice manager monitored all key performance areas and updated relevant staff on the progress against the targets. A system was in place to telephone patients where they were due for reviews of their health condition, including dementia, diabetes and asthma reviews. The practice had 43 patients on their mental health register and over half of them had received their annual health review for this current performance year, ending in March 2016.

Staff spoken with understood how their role supported the practice towards achieving their objectives. The practice had recently changed their computerised record system and was undergoing training. This was work in progress but they had already noticed an improvement in their ability to use appropriate coding to enable them to identify patients with particular health care needs and to provide them with the care and treatment they required. They had started to use the coding system to identify patients that were due for prescription reviews, blood tests, blood pressure tests and health reviews.

This ensured that patients received regular monitoring to improve their condition and/or quality of life. When appointments were booked, reception staff researched the coding on the computerised record system to identify whether the GPs had identified other health issues that could be addressed when they attended, such as a blood pressure test that was due. They then liaised with the clinical staff member to inform them of these issues so they could be dealt with at the same time.



# Are services effective?

## (for example, treatment is effective)

The practice monitored their A & E emergency admissions and discharge letters to identify patients that were frail or with palliative care needs. This enabled them to take steps to provide care and treatment to avoid an unplanned admission. Data available for the year 2013 to 2014 reflected that the practice was similar to other practices nationally for A & E emergency admissions and for emergency cancer admissions.

Patients at risk of deteriorating rapidly and those with palliative care needs were monitored regularly. Multidisciplinary team meetings took place monthly where individual needs were discussed and care plans put in place.

The practice carried out clinical audits out to monitor and assess the services they provided. These included audits in relation to specific medicines that had been prescribed, patients at risk as a result of a particular medical procedure and an audit in relation to the care and treatment of patients at risk of heart failure. These were two cycle audits and where improvements had been identified, the second audit reflected that these had been maintained.

### Effective staffing

The practice staff had a mix of skills, knowledge and experience to deliver effective care and treatment. However we found that the system for monitoring staff training was ad hoc in relation to the type of training staff were expected to undertake and when it was due. This was discussed with the GP partners and practice manager on the day of the inspection and they told us that they were aware of the need to have in place a more structured system. They told us that this would be the subject of review.

- The practice had an induction policy and programme for newly appointed members of staff that covered such topics as confidentiality, data protection, safeguarding and health and safety. They were required to read the practice protocols and procedures in place and received supervision by a more experienced colleague. We spoke with a recently employed member of staff who confirmed that they had undergone an effective induction that equipped them for their role.

- The appraisal system was used to identify the training and development needs of staff working at the practice. We found that staff training and development was supported and encouraged. We saw examples of training requested that had been provided.
- Clinical staff were encouraged to undertake their continuous professional development to maintain their skills and qualifications. All staff eligible for an appraisal had received one within the last 12 months.

Staff spoken with told us they felt supported and part of a team. They told us that their appraisals were meaningful and that their training and development needs were being met. Reception staff told us that clinical staff were always available for advice and guidance.

We did find however that some of the nursing roles undertaken at the practice were not supported with a protocol that explained how the services were to be provided. This included the management and day to day running of the diabetes and respiratory clinics. The practice told us they would review this and provide the nursing staff with appropriate protocols for them to follow.

### 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.

All relevant information was shared with other services in a timely way, for example when people were referred to other services such as specialists at a hospital. The practice made use of the summary care record so that other healthcare professionals had relevant information about a patient when undertaking a consultation.

Patients at risk of deteriorating rapidly were notified to the out of hour's service so they could be aware of all relevant information if they were contacted in an emergency. After a consultation the practice was notified of the outcome by 8am the following morning and patients records updated. This consultation was then reviewed by one of the GPs.

When patients had been discharged from hospital their discharge summaries were reviewed by one of the GPs and action taken if required. We saw evidence that multidisciplinary team meetings took place on a regular basis and that care plans were routinely reviewed and updated.

# Are services effective?

(for example, treatment is effective)

## 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 requirements of legislation and guidance, including the Mental Capacity Act 2005. A consent policy was in place to support staff working at the practice. This included when to take consent in writing such as for joint injections and minor surgery. Forms were available for the purpose.

Staff providing test results identified the person they were speaking with prior to providing the result and checked to see if consent was in place if a relative or friend was calling on behalf of the patient. GPs sought consent from patients prior to a consultation if a trainee GP was present at the time.

All staff spoken with were aware of Gillick competencies as they related to consent in children under the age of 16. Children attending without their parent or guardian were referred to the GPs to assess whether they had the maturity and understanding to make decisions about their care and treatment.

## Health promotion and 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 lifestyle advice. 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 87% which was better than the national average of 82%. There was a system in place to remind patients who did not attend for their cervical screening test.

Childhood immunisation rates for the vaccinations given were comparable to the Clinical Commissioning Group averages and in some cases were higher. Flu vaccination rates for the over 65s were 71%, and at risk groups 44%. These were both similar to expected as compared with national averages. Nurses were supported with detailed patient group directions and patient's specific directions.

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

The practice had access to a dietician who attended the practice to provide support and advice to patients on a weight loss programme. The practice had also implemented a local initiative to encourage patients to take more exercise.

Sexual health advice was available for patients of all ages. The practice advertised guidance in their waiting room and patients needing advice were able to see a GP or a nurse.



# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and polite when communicating with their patients. The six patients spoken with told us they were treated with dignity and respect and their confidentiality maintained.

Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed and they could offer them a private room to discuss their needs if necessary.

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.

The practice had responded to patient feedback in respect of confidentiality when a patient reported overhearing a consultation whilst sitting in the reception area. As a result of this, the layout of the seating area had been changed to reduce the risk of this occurring.

Results from the national GP patient survey published in July 2015 showed patients were happy with how they were treated and that this was with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with doctors and nurses. For example:

- 93% of patients said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG) average of 87% and national average of 89%.
- 89% of patients said the GP gave them enough time compared to the CCG average of 83% and national average of 87%.
- 96% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and national average of 95%.
- 84% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 82% and national average of 85%.
- 94% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 88% and national average of 90%.

- 93% of patients said they found the receptionists at the practice helpful compared to the CCG average of 85% and national average of 87%.

All of the 28 CQC comment cards we received were positive about the caring attitude of staff working at the practice. GPs, nursing staff and receptionists were praised for their communication skills and patients expressed they were given time to explain health concerns and were treated with empathy and concern.

### 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 the 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:

- 86% of patients 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%.
- 82% of patients 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%.

Care plans were in place for patients that were frail or suffering with poor mental health. We found that these were being reviewed regularly.

### 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. This included mental health and dementia support, carers groups and bereavement services.

The practice identified people who were carers and provided them with a questionnaire to complete to assess

## Are services caring?

their needs. They were then signposted to external support agencies that could provide advice and guidance in relation to benefits they could access and equipment they could obtain to support them in their role.

The practice had a system in place to support patients that suffered bereavement. Staff at the practice were notified if bereavement occurred so that they could offer condolences and support to relatives that attended the practice. Appointments with GPs were available if required.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice was aware of the priorities of the local Clinical Commissioning Group (CCG) and planned their services to improve outcomes for patients in the area.

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;

- A system was in place to update patients on test results and there was a dedicated telephone number for patients to use. There was a system in place to contact patients if there was an adverse result.
- There were longer appointments available for patients with a learning disability, those suffering with poor mental health or others that needed it. Urgent access appointments were available for children and those with serious medical conditions.
- Home visits and telephone consultations were available for older patients / patients who would benefit from these.
- Patients with long-term conditions were reviewed regularly by qualified and experienced staff. A system was in place to recall patients who had not attended for their review.
- Patients who were resident in care homes received regular visits by the GPs to assess or follow-up on their health condition and to provide reviews of their care and treatment.
- Multidisciplinary meetings took place with other healthcare professionals to review the care and treatment needs of frail patients or those with palliative care needs.
- The premises had made some reasonable adjustments for the disabled. A ramp was in place and a bell available for patients to summon assistance if required. A hearing loop was available at reception. Translation services were available if required.
- The practice was taking part in a local initiative known as the 100 day challenge. This was aimed at providing education for patients with diabetes. Additional support and goal setting were put in place to enable them to achieve improved health and outcomes.

Prior to the inspection we spoke with the managers of four care homes who told us about their experience of the services provided by the practice. The care homes had a variety of residents including the elderly, those with palliative care needs and those suffering with dementia.

The overwhelming response from the feedback we received was that the practice provided excellent care for their residents. They expressed satisfaction with the response of the practice when patients were ill, the health care reviews that were carried out, prescription reviews, changes of medicines and the rapport and trust the practice staff had built with the residents. One care home manager told us they had personal experience of a GP returning calls at a time when the surgery was closed and providing advice and guidance. They also told us they involved relatives/carers in the decisions about care and treatment whenever possible. This included discussions about a patient's preferred place of care and/or where their condition had worsened.

We were told by one care home that they considered the level of care and treatment provided by the GP was over and above what was required of them. The care home told us they monitored the levels of patients that had experienced falls, urinary infections and pressure levels and that the frequency of them was low. They commented that the care and treatment provided by the GP contributed to this outcome and that the quality of their patients' lives had been greatly improved by the clinical intervention of the GP concerned.

### Access to the service

The practice was open between 8am and 1pm and then 2pm to 6.30pm on Monday to Friday. Clinical appointments were available from 8.30am to 11.30am every morning and 2pm to 6pm daily, except on a Wednesday afternoon when the practice was closed. Patients were able to access medical assistance at this time through the out of hour's service provided by another healthcare provider. The practice was taking part in the Prime Ministers Challenge Fund initiative, providing bookable appointments at the weekend for their patients at a practice in the locality. This was supported by a number of GPs from a variety of practices working at the weekends on a rota basis. Appointments were available on Saturdays and Sundays during the day.

# Are services responsive to people's needs?

## (for example, to feedback?)

Appointments could be booked on the day, up to two days in advance or up to six weeks in advance. There were appointments made available daily for emergencies, home visits and telephone consultations. Patients requesting home visits were usually assessed by a GP before attending. Patients requesting a preferred GP were accommodated wherever possible.

Results from the national GP patient survey published in July 2015 showed that patient's satisfaction with how they could access care and treatment was better than local and national averages. For example:

- 68% of patients were satisfied with the practice's opening hours compared to the CCG average of 68% and national average of 76%.
- 73% of patients said they could get through easily to the surgery by phone compared to the CCG average of 63% and national average of 73%.
- 85% of patients described their experience of making an appointment as good compared to the CCG average of 70% and national average of 74%.
- 79% of 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%.

Reception staff spoken with told us that the appointment system was effective and usually ran to time. The six patients spoken with on the day of our inspection were satisfied with the appointment system and told us that they were able to get appointments at a time that suited them. One patient had experienced occasional difficulties getting an appointment in the mornings.

### **Listening and learning from concerns and complaints**

The practice had a system in place for handling complaints and concerns. Its complaint 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.

An information leaflet was available in the waiting area to help patients understand the complaint system and staff were aware of the process to follow if a patient wished to make a complaint. Forms were available for the purpose. Information on how to make a complaint could also be found on the practice website.

The practice recorded and analysed all written complaints and identified where improvements could be made. Where relevant patients received a written response to their complaint with an explanation and an apology. The practice was not routinely recoding minor complaints that were not made in writing. This did not enable them to identify themes and trends. The practice told us they would review this aspect of complaint recording and handling.

We looked at the eight complaints that had been received in the 12 months up to March 2015 and found that they had been satisfactorily handled, dealt with in a timely way and with openness and transparency with dealing with the complaint. One complaint included an offer to a patient to attend the practice to discuss the issues raised with one of the GPs. Another complaint we looked at resulted in a change to the monitoring of patients who were at risk of deteriorating rapidly without their regular vitamin injections.

Where improvement areas had been identified they had been actioned to improve the quality of care. Minutes of team meetings were not always reflective of the learning that had been cascaded to staff. The practice told us that future meetings would be improved to reflect learning had been disseminated to staff working at 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 identified their aims and objectives and these included providing as a team the highest quality of care for their patients in a safe, confidential environment, educating and promoting healthy lifestyles and fully involving patients in all of the decisions regarding their care and treatment.

Staff spoken with were aware of the objectives of the practice and how their roles linked to them. The partners at the practice held twice yearly business partner meetings to discuss and monitor their vision and make changes where appropriate. We found that the practice worked as part of a team and was achieving consistently high levels of performance in relation to the healthcare targets set for them.

### Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. The practice had a range of policies and procedures that had been reviewed regularly. These were readily available for staff to read.

- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- Standards were set and maintained with an emphasis on continuous improvement and the provision of high quality of care for patients.

We looked at several audits that had been carried out in the last year some of which had been repeated to assess whether improvements had been maintained. These included medicines audits and a review of the care patients had received in relation to a heart condition. We found that audits were used to identify improvements and that these had been maintained over time.

### Leadership, openness and transparency

The GP partners spoken with on the day of our inspection were open about the improvement areas they had identified at the practice. They told us that work was in

progress in relation to maximising the potential of the appointment system through the use of on-line appointments, improving the training of non-clinical staff in relation to safeguarding, whistle blowing and basic life support and improving their programme of audits.

The practice had invested in a new computerised record system and were training their staff to use it to best effect and they said they had already seen the benefits of it to improve the monitoring of the care and treatment received by patients.

The practice had identified leads for key roles within the practice and staff spoken with were aware of who to contact if they needed to. The lead roles included information governance, infection control, mental health, depression and safeguarding. Those in leadership roles were visible in the practice and staff told us that they were approachable and always took the time to listen to their colleagues. We found that there was a culture of openness and honesty.

Staff spoken with told us that regular team meetings were held but that minutes were not readily available to read if they could not attend. They told us that there was no system in place to encourage staff unable to attend the meetings, to read the minutes of the meetings to ensure they were aware of issues affecting their role. Staff told us that there was an open culture within the practice and they were encouraged to raise any issues at team meetings and felt supported if they did. Staff said they felt respected, valued and supported.

We looked at the minutes of team and other meetings taking place at the practice and found that the minutes had not been recorded in a detailed way that assured us that staff had been made aware of issues that affected their role. The practice told us that they would improve the way they recorded minutes to ensure they reflected issues affecting staff at the practice. This included ensuring that where improvements had been identified, such as from complaints and/or safety incidents, they were cascaded to staff and an audit trail was evident to reflect they had been actioned.

We did find that staff were committed to maintaining standards and providing safe and effective care for their patients. The performance of the practice over the last two years demonstrated that there was effective leadership in

# Are services well-led?

Good 

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

place and that staff worked as part of a team to achieve performance targets. Staff spoken with were complimentary about the leadership in place at the practice.

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

The practice reviewed feedback from patients and staff in order to identify where they might improve. This was achieved through their patient participation group (PPG), by monitoring the results from the national GP patient survey and through the NHS Friends and Family test.

The PPG had only recently been implemented and the group were small in number but the practice was encouraging more patients to join and provide feedback about the services provided. We met with two representatives of the PPG on the day of the inspection and they told us that the practice was responsive to their views and considered their proposals. Two meetings had taken place with representatives of the practice in attendance, including one of the GPs and the practice manager.

One example of a suggestion provided by the PPG was the use of an information screen in the reception area to provide patients with useful healthcare information. This was in the process of being installed.

The practice website was used to encourage patients to join the PPG and to keep them updated. Information displayed in the reception area informed patients how they could join and contribute their views.

The practice also conducted patient surveys on the GPs that worked at the practice. Patients were asked to complete questionnaires about individual GPs and the practice analysed the findings. Areas covered in the questionnaire included politeness, explanations, assessments of their condition, listening skills and the trustworthiness and honesty of the GP.

We looked at one GP survey that took place in September 2014 and this involved a sample of 39 patients. The results of this particular survey reflected that the GP scored highly across the areas covered by the survey.

The practice had not undertaken their own practice survey in the last three years but had plans to undertake one in the near future. A questionnaire had been developed for patients to complete and this included seeking their views on areas such as the appointment system, obtaining prescriptions and test results, the efficiency of the practice staff and their overall satisfaction with the practice. This was scheduled to take place in December 2015.

The results from the national GP patient survey from July 2015 indicated that the practice was consistently above other practices locally and nationally in patient satisfaction across the majority of the areas covered by the survey. The practice told us they were monitoring the results of this survey.

Results from the NHS Friends and Family test revealed that patients were either likely or very likely to recommend the practice.

The practice gathered feedback from staff through team meetings, appraisals and informally although this was not always recorded. Staff told us they were encouraged to give their views on how the practice could be improved and to discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run and felt that they all worked as part of a team.

The six patients spoken with on the day of the inspection were very satisfied with the practice and all would be happy to recommend the practice to family and friends.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment  We found that some non-clinical staff undertaking chaperone duties had no risk assessments in place and Disclosure and Barring Service (DBS) checks had not been undertaken at the time of our inspection. Some staff had also not received appropriate training. This did not ensure appropriate safeguards were in place to protect patients.
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	