

Southcote Clinic

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

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Southcote Clinic on 14 January 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.

- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice 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 reviewed feedback from staff and patients which it acted on, although they were not proactive in seeking feedback from the patient participation group.
- The provider was aware of and complied with the requirements of the Duty of Candour.

The areas where the provider should make improvements are:

- Assess the competency of non-clinical staff who undertake chaperone duties.
- Ensure protocols are in place in the event of a fridge failure.
- Review national guidance relating to annual basic life support training for clinical and non-clinical staff.

Summary of findings

- Review the protocols and procedures for obtaining written consent from patients.
- Advertise that translation services are available to patients on request.
- Be proactive in seeking the views of patients through the patient participation group.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, and an apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.
- There were policies and procedures in place to keep people safe, although we noted the needle stick injury policy had not been reviewed since 2011 and there was no protocol on what to do in the event of a fridge failure.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data showed most patient outcomes were above average for the locality, although mental health related outcomes were below average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of people's needs.
- There were consent forms for some treatments, however the practice did not have a consent policy for staff to refer to.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.

Summary of findings

- 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?

The practice is rated as good for providing responsive services.

- It reviewed the needs of its local population and engaged with the Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to access the service and make an appointment. Patients confirmed that they could usually see a doctor on the same day and were aware that there may be a wait to be seen
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff.

Good



Are services well-led?

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

- It had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to 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 was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty.
- The practice reviewed feedback from staff and patients, which it acted on. However, they were not proactive in seeking the views of patients through the patient participation group.

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 for the care of older people.

Good



- The percentage of older patients registered at the practice was similar to national averages. Patients over the age of 75 represented 7.4% (national average 7.6%), and patients over the age of 85 represented 2.2% (national average 2.2%). The income deprivation level affecting older people was 13 compared to the national average of 22.5.
- All patients over the age of 75 had a named GP who was responsible for their care and patients were informed of this.
- The practice offered personalised care to meet the needs of the older people in its population and had a range of enhanced services, which included offering the shingles and flu vaccinations, and avoiding unplanned admissions to hospital.
- Previously the percentage of patients aged 65 or over who received a seasonal flu vaccination (63.82%) was below the national average (73.2%). The practice had improved vaccination rates and practice data for the current flu season showed flu vaccination rates for over 65s was 74.6%.
- The practice were responsive to the needs of older people, and offered longer appointments, home visits and urgent appointments for those with enhanced needs.
- Monthly multidisciplinary team meetings were used to review care plans and discuss those with enhanced needs.
- Patients were reviewed following discharge from hospital and referrals to support services were made to prevent readmissions.

People with long term conditions

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

Good



- The percentage of patients at the practice with a long standing health condition (58.7%) was above the national average (54%), and those with health related problems in daily life (49.1%) was lower than the national average (48.8%).
- Nationally reported data showed that outcomes for patients with long term conditions was good.

Summary of findings

- All these patients had a named GP and a structured annual review to check that their health and medicines needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- Patients at risk of hospital admission were identified as a priority and discussed at weekly clinical meetings and monthly multidisciplinary team meetings.
- Patients were reviewed following discharge from hospital and referrals to support services were made to prevent readmissions.
- Longer appointments and home visits were available when needed.

Families, children and young people

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

Good



- Children aged zero to four represented 7.6% of the practice population (national average 6.0%); children aged five to 14 represented 11.8% (national average 11.4%); and those aged under 18 years represented 14.6% (national average 14.8%). The income deprivation level affecting children was 11 compared to the national average of 22.5.
- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk. For example, there was joint working with the health visitors to discuss children on the child protection register.
- Urgent access appointments were available for children who were unwell.
- Immunisation rates for standard childhood immunisations were similar to the CCG averages.
- Patients told us that children and young people were treated in an age-appropriate way and we saw evidence to confirm this.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice offered shared antenatal and postnatal care.

Working age people (including those recently retired and students)

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

Good



- The number of patients in paid work or full-time education was similar to the national average, 62.1% compared to 60.2%.

Summary of findings

- 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 had a website which offered facilities to book appointments and order repeat prescriptions online.
- Telephone consultations were offered for patients who could not attend the practice. Extended opening hours are available from 07:30 to 08:00 on Thursday morning and 08:00 to 09:30 on Saturday morning for pre-booked appointments only. These appointments were prioritised for working patients.
- There was a range of health promotion and screening that reflected the needs for this age group, including NHS health checks for patients aged 40 to 74.
- The practice's uptake for the cervical screening programme was 82%, which was above the CCG average (77.6%) and in line with the national average (81.8%).

People whose circumstances may make them vulnerable

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 housebound patients, carers, those with a learning disability, and patients receiving end of life care.
- It offered longer appointments for vulnerable patients who may need it. Housebound patients and those who could not access the practice were supported via home visits.
- 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.

Good



People experiencing poor mental health (including people with dementia)

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

- In 2014/15 performance for mental health related indicators was below the CCG and national average (practice 88.5%; CCG

Good



Summary of findings

93.6%; national 92.8%). The practice told us they had difficulty recalling these patients for reviews and were aware that improvements could be made to mental health related outcomes.

- Performance for dementia related indicators was above the CCG and national average (practice 100%; CCG 95.2%; national 94.5%). The practice carried out advance care planning for patients with dementia.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health. Support was also available for patients to access emergency care and treatment when experiencing a mental health crisis.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Staff had a good understanding of how to support people with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results published in 2015 showed the practice was performing above local and national averages. 253 survey forms were distributed and 105 were returned, representing 3.5% of the practice population.

- 95% found it easy to get through to this surgery by phone compared to a CCG average of 69% and a national average of 73%.
- 93% found the receptionists at this surgery helpful (CCG average 82%, national average 87%).
- 92% were able to get an appointment to see or speak to someone the last time they tried (CCG average 81%, national average 85%).
- 98% said the last appointment they got was convenient (CCG average 88%, national average 92%).
- 92% described their experience of making an appointment as good (CCG average 67%, national average 73%).

- 83% usually waited 15 minutes or less after their appointment time to be seen (CCG average 62%, national average 65%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 32 comment cards which were positive about the standard of care received. Patients said staff always treated them with dignity and respect, and they felt supported in making decisions about their care and treatment.

We spoke with five patients and received feedback from seven members of the patient participation group. These patients said that they were happy with the care they received and thought that staff were approachable, committed and caring.

Areas for improvement

Action the service **SHOULD** take to improve

- Assess the competency of non-clinical staff who undertake chaperone duties.
- Ensure protocols are in place in the event of a fridge failure.
- Review national guidance relating to annual basic life support training for clinical and non-clinical staff.
- Review the protocols and procedures for obtaining written consent from patients.
- Advertise that translation services are available to patients on request.
- Be proactive in seeking the views of patients through the patient participation group.

Southcote Clinic

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Southcote Clinic

Southcote Clinic provides GP led primary care services through a General Medical Services (GMS) contract to around 3,000 patients living in the surrounding areas of Ruislip. GMS is one of the three contracting routes that have been available to enable commissioning of primary medical services). The practice is part of NHS Hillingdon Clinical Commissioning Group (CCG).

The practice staff comprise of two GP partners (one male, one female); two practice nurses; a practice manager; an office manager; an administration advisor (ad-hoc); and a small team of reception/administrative staff. The practice is a training practice and currently has a female GP registrar working there. The GPs collectively provide 20 sessions per week. The nurses work 35 hours between them.

The practice is located on the ground floor of a purpose built property with five consulting/treatment rooms. The ground floor of the premises is accessible by wheelchair.

The doors to the practice are open from 08:30 Monday to Thursday and 08:00 on Friday, and close at 18:30 with the exception of Wednesday when the practice closes at 13:00. The telephone lines are open from 09:00 to 13:00 and 15:00 to 18:30 Monday to Friday (except Wednesday afternoon). If patients telephone the practice from 08:00 to 09:00, 13:00

to 15:00, and on Wednesday from 13:00 to 18:30 they are directed to an out-of-hours provider, who would contact the GPs in emergency cases. Appointments are available from 09:00 to 13:00 and 15:00 to 18:00 (except Wednesday afternoon). Extended opening hours are available from 07:30 to 08:00 on Thursday morning and 08:00 to 09:30 on Saturday morning for pre-booked appointments only.

Appointments can be booked in advance over the telephone, online or in person. The practice opted out of providing out-of-hours services to their patients. Outside of normal opening hours patients are directed to an out-of-hours GP, or the NHS 111 service.

The percentage of patients aged zero to four (7.6%), aged five to 14 (11.8%) and under 18 (14.6%) is similar to the national averages (6.0%, 11.4% and 14.8% respectively). Patients aged 65+ represent 17% of the practice population, patients aged 75+ represent 7.4%, and patients aged 85+ represent 2.2% (national averages are 16.7%, 7.6% and 2.2% respectively).

The percentage of people with a long standing health condition (58.7%) is above the national average (54%), and people with health related problems in daily life (49.1%) is similar to the national average (48.8%). The average life expectancy for the practice is 80 years for males (CCG average 80, national 79) and 86 years for females (CCG average 84, national 83).

The service is registered with the Care Quality Commission to provide the regulated activities of diagnostic and screening procedures; treatment of disease, disorder and injury; maternity and midwifery services; and surgical procedures.

Detailed findings

Why we carried out this inspection

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

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014. The provider had not been inspected before.

How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 14 January 2016. During our visit we:

- Spoke with a range of staff including: the two GP partners; a practice nurse; practice manager; office manager; administration advisor; and three receptionists / administrators.
- Spoke with five patients who used the service.
- Received feedback from seven members of the patient participation group.

- Observed how people were being cared for and talked with carers and/or family members.
- Reviewed the personal care or treatment records of patients.
- Reviewed 32 comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

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

We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, a patient had been recommended yearly blood tests to monitor their blood sugar levels however this was not pursued by the practice or the patient. The patient attended the clinic recently and was found to have a high blood sugar level due to a new diagnosis of diabetes. As a result of the incident the practice now coded 'pre-diabetic' patients to ensure they were on the pre-diabetes register and underwent the appropriate diabetic screening.

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

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse 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 were lead members of staff for child protection and safeguarding vulnerable adults. The GPs attended safeguarding meetings when possible and provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to

their role. GPs and one nurse were trained to child safeguarding level 3, the other nurse to level 2, and non-clinical staff to level 1. Staff had also received training in safeguarding vulnerable adults.

- There was a chaperone policy in place and notices in the waiting room and consulting rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role however non-clinical staff we spoke to were unclear about the role, for example the importance of being able to observe the examination. The practice told us that further chaperone training had been arranged and we saw confirmation of this. All staff who acted as chaperones had received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. A practice nurse was the infection control lead who kept up to date with best practice. There was an infection control protocol and needle stick injury policy in place, although we noted that the needle stick injury policy had not been revised since 2011 and it did not contain contact details for staff to refer to in the event of a sharps injury. Clinical staff were aware of what to do in the event of a needle stick injury. Staff had received up to date infection control training relevant to their role. Infection control audits were undertaken every two years and we saw evidence that action was taken to address any improvements identified as a result. For example, legionella testing had been undertaken. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and

Are services safe?

there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

- The practice monitored medicine fridge temperatures six days a week. We reviewed historic records which showed all 'actual' temperatures recorded were within the recommended range of 2 – 8 degrees Celsius. However, the practice had not explained instances when the maximum fridge temperature was outside the recommended range of 8 degrees, and there was no protocol on what to do in the event of a fridge failure and how to proceed with vaccine viability. We were told that staff who carried out these duties would be given training, and protocols in the event of a fridge failure would be put in place.
- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available and information was displayed in the staff kitchen and within the staff handbook. The last fire risk assessment was undertaken by an external company in December 2014 and the practice had responded to actions identified to reduce risks. Fire safety equipment had been tested in 2015. We were told weekly fire drills and checks of the fire safety equipment were undertaken, although we found these were not consistently recorded in the fire safety log book. Yearly fire evacuation 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 had a variety of other risk assessments in place to monitor safety such as manual handling, reception staff safety, locum staff, stress, lone working, spills, control of substances hazardous to health, infection control and legionella.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a system in place for the different staffing groups to ensure that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- The GPs and a practice nurse had received annual basic life support training, however we noted that the new practice nurse had not received updated training since August 2014. Non-clinical staff had received training in November 2014.
- Emergency equipment was available including access to medical oxygen and an automated external defibrillator (AED) which is used in cardiac emergencies. Equipment was checked on a weekly basis and there were records to confirm this.
- 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 business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.
- Clinical staff told us they attended clinical commissioning group and locality meetings where national and local guidelines were monitored and discussed. Learning was then shared with colleagues during practice meetings.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 95.2% of the total number of points available, with 4.6% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). The practice's performance was in line with the clinical commissioning group (CCG) and national averages of 94.6% and 93.5% respectively. Data from 2014/15 showed;

- Performance for diabetes related indicators was similar to the CCG and national average (practice 87.2%; CCG 86.2%; national 89.2%). Examples of the practice's performance included patients with diabetes who had a blood pressure reading in the preceding 12 months of 150/90 mmHg or less (practice 94.8%, CCG 90%, national 91.4%); and patients with diabetes with a record of a foot examination and risk classification within the last 12 months (practice 89.8%, CCG 85.6%, national 88.3%).
- Performance for hypertension related indicators was above the CCG and national average (practice 100%; CCG 97.4%; national 97.8%). Examples of the practice's

performance included patients with hypertension who had a blood pressure reading in the preceding nine months of 150/90 mmHg or less (practice 83.6%, CCG 82.4%, national 83.6%).

- Performance for mental health related indicators was below the CCG and national average (practice 88.5%; CCG 93.6%; national 92.8%). Examples of the practice's performance included patients with schizophrenia, bipolar affective disorder and other psychoses, who had a comprehensive care plan documented (practice 90.9%, CCG 90.5%, national 88.3%); and patients with schizophrenia, bipolar affective disorder and other psychoses, who have a record of alcohol consumption in the preceding 12 months (practice 81.8%, CCG 92.2%, national 89.5%). The practice told us they had difficulty recalling these patients for reviews and were aware that improvements could be made to mental health related outcomes.
- Performance for dementia related indicators was above the CCG and national average (practice 100%; CCG 95.2%; national 94.5%). Examples of the practice's performance included patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months (practice 83.3%, CCG 84.8%, national 84%); and patients with a new diagnosis of dementia who received the recommended blood tests (practice 85.7%, CCG 86.1%, national 81.5%).

Clinical audits demonstrated quality improvement.

- We were shown six audits carried out in the last two years, four of these were completed audits where the improvements made were implemented and monitored. We reviewed an audit which was initiated following a home visit to a patient who had sustained a stroke. The audit looked at oral anticoagulation for stroke prevention in patients with atrial fibrillation. The initial audit was carried out in July 2015 and a re-audit took place in December 2015. The initial audit showed that the practice were not meeting the self-imposed standard set for documenting a discussion about anticoagulation with 90% of suitable patients (practice achieved 28%). The audit was circulated and discussed with clinical staff. The re-audit showed an improvement to 58%, however the practice were aware there were further improvements to be made to reach the self-imposed standard of 90% and planned to re-audit in three months.

Are services effective?

(for example, treatment is effective)

- The practice participated in local audits, national benchmarking, accreditation, peer review and research. We saw evidence that the practice had carried out an audit following a higher percentage of antibiotic prescribing when compared to the national average. A recent letter from the Department of Health confirmed antibiotic usage in the practice was decreasing. We saw evidence that the practice were reviewing local benchmarking data for prescribing and referrals. The GP partners reviewed all referrals at the weekly clinical meeting to ensure they were appropriate.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It covered such topics as infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate they ensured role-specific training and updating for relevant staff. For example, staff administering vaccinations and taking samples for the cervical screening programme had received specific training. The practice had also funded the current practice manager to undergo further training in practice management.
- 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 training in the following areas: safeguarding children and adults, fire safety, basic life support, infection control, chaperone training and information governance awareness.
- Staff received ongoing support during sessions, one-to-one meetings, annual appraisals, mentoring, clinical supervision and facilitation and support for the revalidation of doctors.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.

- The practice received blood test results, x-ray results, and letters from the local hospital including discharge summaries, out-of-hours GP services and the 111 service electronically, by post or by fax. The duty GP partner would review the results and was responsible for the action required.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services. Urgent referrals for the 'two week wait referral pathway' were booked by the practice and an administrator would contact the patient to inform them of their appointment details.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. For example, vulnerable patients discharged from hospital were contacted within 48 hours for a telephone consultation or home visit. 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

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- The practice did not have a consent policy for staff to refer to. There were consent forms for joint injections and minor surgery, however we noted that written consent for treatments such as depot injections was not obtained. Clinical staff told us they would implement this going forward.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and recorded the outcome of the assessment.

Supporting patients to live healthier lives

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

Are services effective?

(for example, treatment is effective)

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.
- Patients who smoked could be referred to the practice nurse or a local smoking cessation service. Practice data showed three patients, who attended smoking cessation sessions with the nurse, had quit smoking in the last 12 months.
- The practice reviewed guidance from the local Public Health department to support patients with an elevated body mass index (BMI). Patients were given dietary advice and could be referred to weight loss support classes or the exercise on referral programme.

The practice's uptake for the cervical screening programme was 82%, which was above the CCG average (77.6%) and in line with the national average (81.8%). The practice encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were similar to CCG averages. For example, childhood

immunisation rates for the vaccinations given to under two year olds ranged from 86.8% to 96.2% (CCG 89.5% to 94.2%), and five year olds from 83.7% to 93% (CCG 87.5% to 94.2%). Administrative staff and a nurse monitored and followed-up children who had not attended for their vaccinations. Flu vaccination rates for the over 65s (63.82%) was below the national average (73.2%). Flu vaccination rates for at risk groups (55.79%) was similar to the national average (55.54%). Practice data for the current flu season showed flu vaccination rates for over 65s was 74.6% and for at risk groups 55.82%.

Patients had access to appropriate health assessments and checks. This included the NHS health check for people aged 40–74. Practice data showed that 9% of eligible patients had received an NHS health check in the last 12 months. Appropriate follow-ups on the outcomes of health assessments and checks were made where abnormalities or risk factors were identified, and patients were directed to a GP depending on the issues identified. New patient registration questionnaires were reviewed by a GP partner and patients were booked to see a GP based on this assessment.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed 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.

- Screens were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations and 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.

The five patients we spoke with provided positive feedback about the service experienced. Patients said they felt the practice offered a good service and clinical staff were helpful, caring and treated them with dignity and respect. The 32 comment cards we reviewed highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey 2015 showed patients felt they were treated with compassion, dignity and respect. The practice was performing above local and national averages for its satisfaction scores on consultations with doctors and nurses. For example:

- 94% said the GP was good at listening to them compared to the CCG average of 83% and national average of 89%.
- 94% said the GP gave them enough time compared to the CCG average of 80% and national average of 87%.
- 97% said they had confidence and trust in the last GP they saw compared to the CCG average of 92% and national average of 95%.
- 91% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 78% and national average of 85%.
- 98% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 85% and national average of 91%.
- 93% said they found the receptionists at the practice helpful compared to the CCG average of 82% and national average of 87%.

Care planning and involvement in decisions about care and treatment

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

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

- 94% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 80% and national average of 86%.
- 93% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 74% and national average of 82%.

Staff told us that translation services were available for patients who did not have English as a first language. However, we did not see notices informing patients this service was available.

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 0.8% of the practice list as carers under the age of 65. Carers were offered the flu vaccination and referral to support services. Data showed that 50% of carers under the age of 65 had received the flu vaccine last year, and 24% had declined. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement a sympathy card was sent, and a GP partner occasionally contacted the patient to offer advice on support services available.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the Clinical Commissioning Group (CCG) and locality group to secure improvements to services where these were identified. One of the GP partners attended meetings and would provide feedback to the rest of the team.

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

- The practice offered extended opening hours on Thursday morning from 07:00 to 08:00, and Saturday morning from 08:00 to 09:30. These were for pre-booked appointments and were prioritised for working patients who could not attend during normal opening hours.
- Longer appointments were available for those who were vulnerable, elderly, had complex conditions, and those with mental health conditions.
- Home visits were available for older patients, those who were housebound, and patients who would benefit from these.
- Urgent appointments were available the same day for those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- Patients could access a male or female GP.
- There was a low staff turnover which provided patients with continuity of care.
- Translation services were available.
- Accessible toilets with baby changing facilities were available.

Access to the service

The practice was located on the ground floor of a purpose built property with five consulting/treatment rooms. The premises was accessible by wheelchair.

The doors to the practice were open from 08:30 Monday to Thursday and 08:00 on Friday, and closed at 18:30 with the exception of Wednesday when the practice closed at 13:00. The telephone lines were open from 09:00 to 13:00 and 15:00 to 18:30 Monday to Friday (except Wednesday afternoon). If patients telephoned the practice from 08:00

to 09:00, 13:00 to 15:00, and on Wednesday from 13:00 to 18:30 they were directed to an out-of-hours provider, who would contact the GPs in emergency cases. Appointments were available from 09:00 to 13:00 and 15:00 to 18:00 (except Wednesday afternoon). Extended opening hours were available from 07:30 to 08:00 on Thursday morning and 08:00 to 09:30 on Saturday morning for pre-booked appointments only.

In addition to pre-bookable appointments that could be booked over the telephone, online or in person, urgent appointments were also available for people that needed them. The practice opted out of providing out-of-hours services to their patients. Outside of normal opening hours patients were directed to an out-of-hours GP, or the NHS 111 service.

Results from the national GP patient survey 2015 showed that patient's satisfaction with how they could access care and treatment was above local and national averages.

- 90% of patients were satisfied with the practice's opening hours compared to the CCG average of 69% and national average of 75%.
- 95% of patients said they found it easy to get through to the surgery by phone compared to the CCG average of 69% and national average of 73%.
- 92% of patients described their experience of making an appointment as good compared to the CCG average of 67% and national average of 73%.
- 83% of patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 62% and national average of 65%.

All the patients we spoke with were satisfied with the appointments system and said it was easy to use and they could get an appointment when they needed one. Patients confirmed that they could usually see a doctor on the same day and were aware there may be a wait to be seen.

Comment cards we reviewed aligned with these views.

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 were designated staff who handled complaints in the practice.

Are services responsive to people's needs?

(for example, to feedback?)

- We saw that information was available to help patients understand the complaints system. For example, a poster was displayed in the waiting room and information was available in the practice leaflet and website.

We looked at four complaints received in the last 12 months and found these had been responded to in a timely

way. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. For example, complaints about staff members were discussed with the individual to prevent reoccurrence, discussed at the relevant clinical or practice meeting, and further advice sought from external agencies when required.

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 vision to deliver high quality care and promote good outcomes for patients. The practice had seen a 47% increase in their list size since 2010 and were reviewing ways to manage this growth. Staff we spoke with knew and understood the practice's values.

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.
- There was a comprehensive understanding of the performance of the practice. Data from the Quality and Outcomes Framework (QOF) was used to measure the practice's performance. Data from the QOF showed the practice had achieved 97.1% of the total number of points available in 2013/14, and 95.2% in 2014/15. This was in line with the clinical commissioning group and national averages.
- Clinical and internal audits were used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

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

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.

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

- Staff told us the practice held weekly clinical meetings and monthly administrative meetings, and we saw minutes were kept for these meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings, felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners and practice manager. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice valued feedback from patients, the public and staff.

- The practice had reviewed patient feedback from the national GP patient survey, NHS Choices, the friends and family test (FFT), and compliments and complaints received. Action taken by the practice in response to comments received included: initiating a Saturday morning surgery; informing patients in the waiting room if their appointment is running late; and plans to change the telephone system so patients can be directed to an appropriate staff member who can deal with their enquiry.
- The practice had set up a patient participation group (PPG) in 2012, however this group was no longer active. In March 2015 the practice started recruiting for a virtual PPG, whereby patients could email the practice with their comments. We received feedback from seven members of the virtual PPG who told us the group was in its infancy and they had not been involved in decisions about the practice or updates on improvements made. Staff told us they had invited PPG members to a locality network meeting however it was only attended by one member. Going forward the practice had plans to involve the PPG in decisions about a practice newsletter and making improvements to the website.

Are services well-led?

Good 

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

- Results from the friends and family test December 2014 to December 2015 showed that 98% of patients would recommend the practice. The practice manager reviewed comments received and shared feedback with the team during practice meetings.
- The practice gathered feedback from staff generally through staff meetings, appraisals and discussions. 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.