

Notting Hill 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 Notting Hill Medical Centre on 04 August 2015. Overall the practice is rated as good.

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

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

- Staff understood and fulfilled their responsibilities to raise concerns and, there was an open and transparent system for reporting incidents and near misses in place. Information about safety was recorded, monitored, appropriately reviewed and addressed.

- After bank holidays the practice ensured that there were more same day appointments available for patients'. Children under 5 years or patients over 80 years could access same day appointments.
- There was a triage system in place which was managed by the duty doctor to prioritise assessment and meet patients' needs.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment. Information was provided to help patients understand the care available to them.
- Patient's needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles. The practice worked collaboratively with other local providers to improve patient outcomes. For example the practice worked as part of an integrated service providing joint clinics with a paediatrician.

Summary of findings

- The practice implemented suggestions for improvements and made changes to the way to the way it delivered services as a consequence of feedback from patients and from the Patient Participation Group (PPG).
- The practice had a clear vision which had quality and safety as its top priority. A business plan was in place, was monitored and regularly reviewed and discussed with all staff. High standards were promoted and owned by all practice staff with evidence of team working across all roles.

However there were areas of practice where the provider needs to make improvements.

Importantly the provider must:

- The practice had a legionella risk assessment completed in March 2015, which identified actions that needed to be completed to mitigate risk. The practice must ensure all actions that were identified were responded to in a timely manner.
- Review the system in place for the use and storage of liquid nitrogen to ensure that the practice is fully compliant with the guidance, including a risk assessment Control of Substances Hazardous to Health (COSHH).
- Ensure that the COSHH risk assessments are accessible for all staff. We were unable to review the COSHH folder which was not available to be seen during the inspection.

Importantly the provider should:

- Ensure all electrical equipment had portable appliance testing (PAT) completed and that equipment is tested at the recommended frequency.
- Ensure recruitment arrangements include all necessary employment checks for all staff.
- Ensure that all actions identified to mitigate risk were responded to in a timely manner.
- Ensure that information to help patients understand the complaints procedure was not contradictory.

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 requires improvement for providing safe services as there are some areas where it should make improvements. Although risks to patients who used the services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. A legionella risk assessment was completed in March 2015 but actions from the risk assessment had not been acted upon in a timely manner. The storage of liquid nitrogen did not follow published guidance.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services. Data showed patient outcomes were at or above average for the locality. Staff referred to guidance from the National Institute for Health and Care Excellence and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. Staff had received training appropriate to their roles and any further training needs had been identified and appropriate training planned to meet these needs. There was evidence of appraisals and personal development plans for all staff. Staff worked with multidisciplinary teams.

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 services available was easy to understand and accessible. We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Good



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 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

Good



Summary of findings

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.

Are services well-led?

The practice is rated as good for being well-led. It had a clear vision and strategy. Staff were clear about the vision and their responsibilities in relation to this. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings. There were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group (PPG) was active. Staff had received inductions, regular performance reviews and attended staff meetings and events.

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 good for the care of older people. The practice offered personalised care to meet the needs of the older person population. For example; patients over 80 who requested an appointment with a doctor were seen the same day. The practice held a monthly multidisciplinary team meeting (MDT) to review and discuss the management of patients who were at high risk of hospital admission and developed or amended care plans. The MDT team was comprised of GPs, nurse practitioner, primary care navigator, pharmacist, social worker, district nurse, community matron, and palliative care clinical nurse specialist. All patients over 75 were informed of their named GP in writing and were offered care planning appointments lasting 30 minutes.

Good



People with long term conditions

The practice is rated good for the care of patients with long term conditions. There was a named clinical lead for each of the long term condition domains. The nurse practitioner delivered the majority of the long term conditions management in the practice and had a specialist interest in the care of patients with diabetes. The practice had a linked diabetes mentor who provided support to patients who were newly diagnosed diabetics. Patients were offered in-house ambulatory blood pressure monitoring and spirometry. The practice held a weekly anti-coagulation monitoring service for patients, both registered with the practice and for patients from other local practices.

Good



Families, children and young people

The practice is rated good for the care of families, children and young people. There were systems in place that offered same session access to a GP for any child of 5 years or under. The designated safeguarding lead was the nurse practitioner who maintained the practice safeguarding risk register, working closely with the health visitor to monitor and support at risk families. Childhood immunisations were delivered by the nurse practitioner. The practice was part of an integrated service called the Child Health Hub. A multidisciplinary group met monthly with a consultant paediatrician, received teaching on a paediatric topic and then discussed paediatric cases. Following the meeting a clinic was held in which a pre-allocated GP conducted joint consultations with the paediatrician.

Good



Summary of findings

Working age people (including those recently retired and students)

The practice is rated good for working- age people (including those recently retired and students). The needs of this population group had been identified and the practice provided a weekly evening clinic between 6.30pm and 8.30pm for working people. The practice was the lead for a collaborative weekend walk in service which provided unscheduled care consultations between 9am to 5pm. The practice also offered online services as well as a full range of health promotion and screening that reflected the needs for this age group.

Good



People whose circumstances may make them vulnerable

The practice was rated good for people whose circumstances may make them vulnerable. The practice held a learning disabilities (LD) register, the nurse practitioner undertook annual health reviews for people with LD with longer appointment times; and checked health action plans where appropriate. Medical staff were encouraged to identify carers and refer them to a local carers support service where appropriate. There was a primary care navigator who supported patients with vulnerability and signposted them to appropriate services. Staff had been trained to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities in raising concerns, documentation and how to contact the relevant agencies.

Good



People experiencing poor mental health (including people with dementia)

The practice was rated good for the care of people experiencing poor mental health (including people with dementia). The practice population had a high prevalence of both severe mental illness (SMI) and depression. Patients with SMI were offered an annual health check; in 2014-2015, 88% of patients with a new diagnosis of depression were reviewed between 13 weeks and 52 weeks of diagnosis. Patients had access to a practice counsellor and a link community psychiatric nurse. Six patients who had been looked after in secondary care mental health services were discharged to the practice under shifting settings of care. The practice participated in enhanced services for dementia; 190 dementia screens were undertaken in 2014-2015 under the Facilitating Timely Diagnosis of Dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published on January 2015 showed the practice was performing in line with local and national averages. There were 119 responses and a response rate of 26.7%.

- 91% find it easy to get through to this surgery by phone compared with a CCG average of 86.3% and a national average of 74.4%.
- 94.4% find the receptionists at this surgery helpful compared with a CCG average of 87.5% and a national average of 86.9%.
- 43.5% with a preferred GP usually get to see or speak to that GP compared with a CCG average of 65% and a national average of 60.5%.
- 92.8% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 86.3% and a national average of 85.4%.
- 90.8% say the last appointment they got was convenient compared with a CCG average of 90.7% and a national average of 91.8%.

- 86% describe their experience of making an appointment as good compared with a CCG average of 79.1% and a national average of 73.8%.
- 67.5% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 63.5% and a national average of 73.8%.
- 59.1% feel they don't normally have to wait too long to be seen compared with a CCG average of 56.9% and a national average of 57.8%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 22 comment cards which were all positive about the standard of care received. All comments received indicated that patients found the staff helpful, caring and compassionate. The only issues raised were about getting appointments with a preferred GP (Dr Garner) and lack of consistency when seeing different medical staff.

Areas for improvement

Action the service **MUST** take to improve

- The practice had a legionella risk assessment completed in March 2015, which identified actions that needed to be completed to mitigate risk. The practice must ensure all actions that were identified were responded to in a timely manner.
- Review the system in place for the use and storage of liquid nitrogen to ensure that the practice is fully compliant with the guidance, including a risk assessment Control of Substances Hazardous to Health (COSHH).
- Ensure that the COSHH risk assessments are accessible for all staff. We were unable to review the COSHH folder which was not available to be seen during the inspection.

Action the service **SHOULD** take to improve

- Ensure all electrical equipment had portable appliance testing (PAT) completed and that equipment is tested at the recommended frequency.
- Ensure recruitment arrangements include all necessary employment checks for all staff.
- Ensure that all actions identified to mitigate risk were responded to in a timely manner.
- Ensure that information to help patients understand the complaints procedure was not contradictory.

Outstanding practice

Notting Hill Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a Care Quality Commission (CQC) Lead Inspector. The team included a second CQC inspector, GP specialist advisor and practice manager specialist advisor.

Background to Notting Hill Medical Centre

The Notting Hill Medical Centre (also known as Dr Rachael Garner) is located in a residential area of west London. The practice is located in a purpose built property which it shares with another GP practice; there were 2944 patients on the practice list.

The practice is a training practice managed by a principal GP (female) supported by two salaried GPs, a GP trainee and Foundation Year 2 doctor. There was one practice nurse, two health care assistants (HCA), a phlebotomist and practice manager, as well as reception and administration staff. The practice is open between 8am to 6pm Monday, Tuesday, Wednesday and Friday with extended hours on a Tuesday until 8.30pm and, on Thursday 8am to 1pm. Patients were advised in the patient leaflet to access a walk in service Saturday and Sunday from 9am to 5pm. This information was displayed outside the practice, but was not displayed on the current website. For accessing out of hours services patients were advised to call 111.

The practice has a General Medical Service (GMS) contract and also offers enhanced services for example; childhood vaccinations and immunisations plus influenza and pneumococcal immunisations.

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

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.

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

Detailed findings

- 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)

The inspection team:-

- Reviewed information available to us from other organisations e.g. NHS England.
- Reviewed information from CQC intelligent monitoring systems.
- Carried out an announced inspection visit on 04 August 2015
- Spoke to staff and patients, which included two members of the PPG.
- Reviewed patient survey information.
- Reviewed the practice's policies and procedures.

Are services safe?

Our findings

Safe track record and learning

There was an open and transparent approach and a system in place for reporting and recording significant events. People affected by significant events received a timely and sincere apology and were told about actions taken to improve care. Staff told us they would inform the practice manager of any incidents and there was also a recording form available. The practice carried out an analysis of the significant events.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, we looked at two significant event analyses (SEA) that had been undertaken in 2015. Learning from events involved all staff who noticed any changes in vulnerable patient's behaviour, ensure that staff were informed of their observation to best be able to support the patient safely.

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

Overview of safety systems and processes

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

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. The nurse practitioner was the lead member of staff for safeguarding. The practice maintained a register of vulnerable children and adults and, the nurse practitioner received monthly updates. Safeguarding was discussed at practice meetings once a month. The nurse practitioner as the lead always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role.
- There were procedures in place for monitoring and managing risks to patients and staff safety. There was a fire procedure policy available with a poster behind reception. The practice had up to date fire risk assessments. Fire evacuation had been discussed at a recent reception staff meeting, though regular fire drills had not been carried out. There were visual daily fire warden checks undertaken, but these were not recorded. All electrical equipment was not checked to ensure the equipment was safe to use, the practice was unsure when the last portable appliance testing (PAT) was undertaken. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella. However, we found the practice did not progress actions identified in action plans to mitigate the risks. There was no signage to warn staff that gases such as oxygen and liquid nitrogen were stored in the area/rooms. We were unable to verify that a risk assessment Control of Substances Hazardous to Health (COSHH) had been completed. We asked to see the COSHH folder, however it was not made available to be seen during the inspection.
- All staff who acted as chaperones were trained for the role. Patients we spoke with had not requested a chaperone, although they had seen notices about chaperones in consultation rooms. The chaperone policy did not require staff to have 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 are vulnerable).
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. The cleaning schedule could not be found to be reviewed during the inspection, it was unclear where it was normally stored. The nurse practitioner was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action had been taken to address some improvements. However, there were some that were still outstanding including replacement of some carpets in corridors and the waiting room. We noted that the carpet in some areas was held down in places with tape,

Are services safe?

which was a bit difficult for older people to negotiate. There were plans to replace the carpets in these areas. A Legionella risk assessment was carried out on the premises in March 2015 and it identified a number of high risk areas for urgent action. We found that these had not be progressed at the time of the inspection. We raised this issue with the practice manager and we were provided with assurance they were going to be addressed. Within 24 hours of this issue being raised, the practice had made arrangements for the requirements of the high risk areas to be addressed.

- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Prescription pads were securely stored and there were systems in place to monitor their use. The practice had no high risk medicines on site. The practice had a repeat prescribing protocol and was involved in the medicines reconciliation scheme. One emergency drug was seen to be out of date, however there was already a replacement medicine in place and the out of date one was immediately removed.
- Recruitment checks were carried out prior to employment and showed the majority of appropriate recruitment checks had been undertaken prior to employment. For example proof of identification, references and qualifications. However, in three of the five files we looked at did not have registration with the appropriate professional body recorded in them. The practice manager told us they checked the online registration, but did not retain a copy for the files. Another file we saw only had one reference from a previous employer.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. The principal GP and practice manager looked at appointments/ rota for the week ahead to ensure sufficient staff cover to meet patient's needs. After bank holidays the practice ensured that there were more same day appointments available for patients'.

Arrangements to deal with emergencies and major incidents

There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. All staff received annual basic life support training and there were emergency medicines available in the treatment room. The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There was an accident book available. Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. The majority of medicines we checked were in date with the exception of one which was immediately removed and were fit for use. The practice had access to a rapid response team from 8am to 6pm.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and was last reviewed in November 2014. There was a reciprocal arrangement with another local practice in the event of major disruption. Staff were aware of these arrangements.

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. The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records. Referrals for patients were completed at the time of the patient consultation electronically. There was a triage system in place which a duty doctor managed to prioritise assessment and meet patients' needs.

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. Results for 2013 -2104 showed 100% achievement of the total number of points available. In 2014 -2015 the practice achieved 99.97%. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2013-2014 showed:

- The percentage of patients with hypertension having regular blood pressure tests was similar to the national average of 83.1%

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and people's outcomes. There had been four clinical audits undertaken antibiotic prescribing, the use of beta blocker drugs post myocardial infarction in patients with chronic obstructive pulmonary disease, management of urinary tract infection in women and the appropriateness of two week referrals. We reviewed the completed antibiotic prescribing clinical audit during the inspection. The audit identified were improvements could be made with timescales for monitoring and further development. The practice

participated in applicable local audits, national benchmarking, accreditation, peer review and research. Findings were used by the practice to improve services. For example, recent action taken as a result included copies of the top 11 antibiotics prescribed placed in clinical rooms, new locum doctors arriving in the practice would be shown this guidance as part of their practice induction.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment. Evidence reviewed showed that:

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, fire safety, health and safety and confidentiality.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. There was clinical supervision and facilitation and support for the revalidation of doctors. There were designated supervisors for trainees. All staff had had an appraisal within the last 12 months.

Staff received training that included: safeguarding, fire procedures, and basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training. However, we noted this was not closely monitored to ensure that all staff were up to date. Post inspection training was being documented and maintained.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system. This included care and risk assessments, care plans, medical records and test results. All relevant information was shared with other services in a timely way, for example when people were referred to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan on going care and treatment. This included when people moved between services, including when they were referred, or after they

Are services effective?

(for example, treatment is effective)

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

Consent to care and treatment

Patients' consent to care and treatment was always sought in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children such as immunisations we saw that consent had been recorded on the computer system.

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 advice on their diet, smoking and alcohol cessation and patients with mental health concerns. Patients were then signposted to the relevant service. Smoking cessation

advice was available from a local support group; patients had access to a practice counsellor and a link community psychiatric nurse. Patients who may be in need of extra support were identified by the practice.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 82.21%, which was comparable to the national average of 81.88%. Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 59.1% to 95.3% and five year olds from 66.7% to 91.7%. Flu vaccination rates for the over 65s were 74.79%, and at risk groups 50.53%. These were also comparable to CCG averages.

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

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

Patients felt their privacy and dignity were maintained. Reception staff were aware of the need for privacy and said they would find a room if a patient wanted to talk with them in private rather than in the reception area. Reception staff were described as lovely, kind, and helpful. Patients knew staff and told us they felt that staff knew them and their families. Patients were happy with the services provided, and told us they were always greeted and spoken with appropriately.

All of the 22 patients CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. We also spoke with two members of the patient participation group (PPG) on the day of our inspection. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Data from the National GP Patient Survey January 2015 showed from 119 responses the practice was above average for its satisfaction scores on consultations with doctors and nurses, in comparison to local and national averages for example:

- 93.6% said the GP was good at listening to them compared to the CCG average of 88.8% and national average of 88.6%.
- 90.4% said the GP gave them enough time compared to the CCG average of 85.3% and national average of 86.8%.

- 94.2% said they had confidence and trust in the last GP they saw compared to the CCG average of 95.2% and national average of 95.3%
- 90.8% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 85.3% and national average of 85.1%.
- 94% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 86.8% and national average of 90.4%.
- 94.4% patients said they they found reception staff helpful which was higher than the CCG average of 87.5% and national average of 86.9%.

Care planning and involvement in decisions about care and treatment

Patients we spoke with told us that health issues were discussed with them and they felt involved in decision making about the care and treatment they received. Patient feedback on the comment cards we received was also positive and aligned with these views. All felt the doctors listened and paid attention to what they said, and had time to explain things to them in ways they understood, for example how to take new or different medicines and how the referral process worked. They said the doctors looked at them while they spoke, not at the computer screen – this was important to most of them. All felt they were involved in their treatment and kept informed.

Results from the National GP Patient Survey January 2015 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,

- 84.8%% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% and national average of 86.3%.
- 78.2% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81.8%% and national average of 81.5%

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

Patient and carer support to cope emotionally with care and treatment

Are services caring?

Notices in the patient waiting room told patients how to access a number of support groups and organisations. Written information was available for carers to ensure they understood various avenues of support available to them.

Patients we spoke with gave examples of the support they received from the practice. One example related to care and support given to two generations of the same family,

this included accessibility to the practice in relation to appointments. Support with referrals to other specialists team involved in the patients care, including emotional support for the carer in decision making. Patients with long term conditions had support from primary care navigator. There was also a system in place for carer identification and support.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local CCG to plan services and to improve outcomes for patients in the area. For example, the practice population had a high prevalence of both severe mental illness (SMI) and depression. Patients with SMI were offered an annual health check; in 2014-2015 all patients received an annual health check.

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

- Children under 5 years or patients over 80 years could access same session appointments.
- The practice provided a weekly evening clinic between 6.30pm and 8.30pm for working people. The practice was the lead for a collaborative weekend walk in service which provided unscheduled care between 9am to 5pm. The practice also offered online services as well as a full range of health promotion and screening.
- There was a triage system in place for a duty doctor to review patients who might need access to a home visit. The practice could refer patients to a rapid response team between 8am to 6pm for review.
- There were longer appointments available for people with a learning disability. All patients over 75 were informed of their named GP in writing and they were offered care planning appointments lasting 30 minutes.
- There were disabled facilities, hearing loop and translation services available.
- The practice held a weekly anti-coagulation monitoring service for patients, both registered with the practice and for patients from other local practices.
- There was a primary care navigator who supported patients with vulnerability and signposted them to appropriate services.
- Patients have access to a minor surgery service provided at the practice.
- Reception staff told us there was a system on patient records that identified if an individual needed an interpreter. They were knowledgeable about the

arrangements to book an interpreter and they also gave patients a longer appointment. Staff said they had the names of some interpreters who individual patients had expressed a preference for.

Access to the service

The practice was open between 8am to 6pm Monday, Tuesday, Wednesday and Friday and on Thursday from 8am to 1pm. Extended hours were on Tuesday 6.30pm to 8.30pm. Patients were advised in the patient leaflet to access a walk in service Saturday and Sunday from 9am to 5pm.

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

- 82.7% of patients were satisfied with the practice's opening hours compared to the CCG average of 79.5% and national average of 75.7%.
- 91% patients said they could get through easily to the surgery by phone compared to the CCG average of 86.3% and national average of 74.4%.
- 86% of patients described their experience of making an appointment as good compared to the CCG average of 79.1% and national average of 73.8%.
- 67.5% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 63.5% and national average of 65.2%.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy and procedures had contradictory information to the complaints information leaflet with regard to response times for responding to a complaint. There was a designated responsible person who handled all complaints in the practice.

We saw that information was available to help patients understand the complaints system posters displayed in the waiting area, summary leaflet available. Patients we spoke with had not made a complaint, most were aware of how to or would find out and this was not an issue for anyone we spoke with.

In 2014-2015 the practice had received 12 complaints. We reviewed four complaints and found these were acknowledged. However, in three instances the responses

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

were not dated. We found in one response the contact information for the Parliamentary Ombudsman was given however this was not consistent in the other responses. Annually the practice had a review of all complaints they received, to look at responses and actions taken.

Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. For example, it was discussed and agreed that patients requesting ear syringing must first have a consultation for assessment.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the 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. There were designated QOF clinical domain leads
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However, there was not clear oversight in ensuring that all actions identified to mitigate risk were responded to in a timely manner.
- Practice specific policies were implemented and were available to all staff.
- A system of reporting incidents without fear of recrimination and whereby learning from outcomes of the analysis of incidents actively took place.
- A comprehensive understanding of the performance of the practice.
- A programme of continuous clinical and internal audit which is used to monitor quality and to make improvements to patient welfare.
- The practice was proactively gaining patients feedback in the delivery of the service, implementing the Family and Friends Test and monitoring feedback.
- Patients' needs were assessed and care was planned and delivered following best practice guidance.

Leadership, openness and transparency

The partner 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 partner was visible in the practice and staff told us that they were approachable and always take the time to listen to all members of staff. The partner encouraged a culture of openness and honesty.

Staff told us that regular team meetings were held. Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and were confident in doing so and felt supported if they did. Staff said they felt respected, valued and supported. All staff were involved in discussions about how to run and develop the practice, and the partner encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, proactively gaining patients' feedback and engaging patients in the delivery of the service. It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met on a regular basis and the group was trying to encourage new members, they wanted to recruit from different age groups. The members felt the practice acted on suggestions from the group and gave an example of patients wanting continuity of seeing the same GP. The practice manager attended meetings and provided feedback to the practice. There was a display in the waiting room of PPG activity and practice responses entitled 'You said,.. we did'. For example; patients having a named GP.

Innovation

There was a strong focus on continuous learning and improvement at all levels within the practice. For example, the practice were introducing a system where patient's appointment slots were flagged if there was a QOF alert for 'smoking status'.

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
	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The provider had failed to ensure that systems and processes to mitigate risks were responded to and actioned in a timely manner.</p> <p>How the regulation was not being met</p> <p>The provider did not respond to a Legionella risk assessment completed in March 2015, action to mitigate the risk was not acted upon in a timely manner. Review the system in place for the use and storage of liquid nitrogen in line with guidance, including a risk assessment Control of Substances Hazardous to Health (COSHH).</p> <p>Regulation 12 (b)</p>