

Kingsway Surgery

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?

Requires improvement 

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 Kingsway Surgery on 24 August 2016. Overall the practice is rated as good.

We carried out this inspection to check that the practice was meeting regulations. Our previous comprehensive inspection carried out in November 2015 found breaches of regulations relating to the safe, effective, responsive and well led domains.

In addition all population groups were rated as inadequate due to the concerns found in safe, effective, responsive and well led. The overall rating from the inspection in November 2015 was inadequate and the practice was placed into special measures for six months.

Following the inspection we took action to cancel the registration of the registered manager at the practice who was also one of the senior partners. The practice has since appointed a new registered manager who is the principal GP and has also recruited a salaried GP who is currently applying to become a GP partner.

The inspection carried out on 24 August 2016 found that the practice had made significant improvements and they were meeting all three regulations they were previously in breach of.

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 been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.

Summary of findings

- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvement are:

- Review and improve the process of identifying carers.
- Ensure the practice improves and responds to the national GP patient survey results in areas they have scored low including responses related to nursing care at the practice.

I am taking this service out of special measures. This recognises the significant improvements made to the quality of care provided by this service.

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 things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Are services effective?

The practice is rated as good for providing effective services.

Good



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

Are services caring?

The practice is rated as requires improvement for providing caring services.

Requires improvement



- Data from the national GP patient survey showed patients rated the practice lower than others for most aspects of care including responses related to nursing care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

Summary of findings

- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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

Good



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

Summary of findings

- There was a strong focus on continuous learning and improvement at all levels.

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 practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Systems were in place to identify and assess patients who were at high risk of admission to hospital and the practice would call them after discharge to ensure they were receiving appropriate follow up care.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for patients with diabetes, on the register, in whom the last blood test was 62 mmol/mol or less in the preceding 12 months, was comparable to the national average (practice 74%; national 78%).
- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2014 to 31/03/2015) was comparable to the national average (practice 78%; national 78%).
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

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

Good



Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practices uptake for the cervical screening programme was 73%, which was comparable to the CCG average of 78% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

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).

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

Good



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 homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

Good



Summary of findings

- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

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

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

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016 for the most recent data. The results showed the practice was performing in line with local and national averages. Four hundred and six forms were distributed and 107 were returned. This represented a 28% response rate and 3% of the practice list size.

- 76% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 66% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 70% of patients described the overall experience of this GP practice as good compared to the national average of 85%.

- 61% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 30 comment cards which were all positive about the standard of care received.

We spoke with six patients during the inspection. All patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

Areas for improvement

Action the service **SHOULD** take to improve

- Review and improve the process of identifying carers.
- Ensure the practice improves and responds to the national GP patient survey results in areas they have scored low including responses related to nursing care at the practice.

Kingsway Surgery

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 adviser.

Background to Kingsway Surgery

Kingsway Surgery is located in the London Borough of Hillingdon. The practice provides a general practice service to around 4,050 patients. The practice is registered as a sole provider with the Care Quality Commission (CQC) to provide the regulated activities of: treatment of disease, disorder or injury; diagnostic and screening procedures; family planning services and maternity and midwifery services.

The practice has a General Medical Services (GMS) contract and provides a full range of essential, additional and enhanced services including maternity services, child and adult immunisations, family planning and sexual health services.

The practice has one female and a salaried male GP working a total of 14 sessions between them. The practice has a full time practice manager; the rest of the practice team consists of a practice nurse working two days per week and five administrative staff consisting of medical secretaries, reception staff, clerks and a typist.

The practice was currently open five days a week from 8:00am-6:30pm on Mondays, Tuesday and Fridays. On

Thursday the practice was open from 07:00 until 6:30pm. On Wednesdays the practice closed at 1:30pm. Consultation times were 8:00am until 11:30am and 3:30pm until 6:00pm.

When the practice is closed, the telephone answering service directs patients to contact the out of hours provider.

Why we carried out this inspection

We inspected this service as part of our comprehensive inspection programme. A previous comprehensive inspection had taken place in November 2015 after which the practice was rated as inadequate. We rated the practice as inadequate for providing safe, effective, caring and responsive services and for being well led. The purpose of this inspection was to check that all required improvements had been made.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 24 August 2016. During our visit we:

- Spoke with a range of staff including the GP partners, practice manager, administrative staff and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.

Detailed findings

- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

When we inspected the practice in November 2015, we found that the practice was not able to demonstrate a safe track record over time or demonstrate that learning from significant events was effective.

During the inspection in August 2016, we found that the practice had systems in place that could demonstrate a safe track record and evidence learning for the last six months.

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 incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice had made significant improvements and were carrying out a thorough analysis of the significant events. We saw records to confirm that lessons learnt from these were shared with all staff.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, the practice had revised their telephone system to ensure administrative staff directed patients to a doctor or used the emergency response policy after a patient who had called the reception staff explaining that they had pain had been asked to come and see a GP at the practice. On arrival the GPs were concerned for the patient and called the ambulance service.

Overview of safety systems and processes

When we inspected the practice in November 2015. We found that the practice lacked clearly defined and embedded systems, processes and practices to keep people safe. Concerns we found included:

- The practice did not have any arrangements in place to safeguard children and vulnerable adults.
- The practice did not maintain appropriate standards of cleanliness and hygiene.
- The practice did not have records to demonstrate that the nurse had received a disclosure and barring check (DBS check).
- No procedure was in place regarding the provision of chaperones.
- The arrangements for medicines required improvements. The healthcare assistant was administering vaccines without the use of Patient Specific Directives (PSDs) and supervision.
- Recruitment checks were not fully carried out.

During the inspection in August 2016, we found that improvements had been made. The practice had addressed the concerns identified at the previous inspection.

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3. Nurse level 2 and all other non-clinical staff to level 2.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check.

Are services safe?

(DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. One of the GPs 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. An infection control audit had been undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment).
- Following our last inspection. The practice had taken action and discontinued all the clinics that the healthcare assistants had been delivering until they had completed their training. On our inspection we saw evidence that confirmed the HCA was in training.
- We reviewed six 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

At our last inspection we found that risks to patients were not fully assessed.

- The practice did not have an up to date fire risk assessments and did not carry out regular fire drills and there was no nominated fire lead.

During the inspection in August 2016; we found that the practice had made significant improvements.

- There were procedures in place for monitoring and managing risks to patients and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

When we inspected the practice in November 2015, we identified a concerns in relation to arrangements to deal with emergencies and major incidents. This included;

- The practice could not demonstrate that all staff had received basic life support training.
- No practice based checks were completed to ensure the emergency equipment was in good working order.
- Some emergency medicines for use in emergencies had expired.
- The practice did not have a business continuity plan in place for major incidents such as power failure or building damage.

At our recent inspection in August 2016; we found that the practice had addressed all concerns.

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

Are services safe?

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment.

During our last inspection the practice could not demonstrate that patients needs were assessed and care was delivered in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines and that from local commissioners.

At our follow up inspection, we found that the practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 98% of the total number of points available.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for patients with diabetes, on the register, in whom the last blood test was 62 mmol/mol or less in the preceding 12 months, was comparable to the national average (practice 74%; national 78%).
- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2014 to 31/03/2015) was comparable to the national average (practice 78%; national 78%).

The 2015-16 unvalidated data which the practice provided to us during the inspection showed that the practice were performing in line with their previous performance and were comparable to the CCG averages.

- The dementia diagnosis rate was comparable to the national average (practice 88%; national 84%).

At our previous inspection, the practice could not evidence any audits that had been undertaken because they could not be located. Furthermore, they could not tell us what areas these audits had looked at or show how they had improved patient outcomes.

During the follow up inspection we were shown audits that had been completed in the last two years. These included five clinical audits completed in the last two years where the improvements made were implemented and monitored.

- Findings were used by the practice to improve services. For example, recent action taken as a result included improvements to the care of patients who had experienced stroke. The practice were working towards NICE guidelines that recommend that all post stroke patients should receive regular reviews and treatment of risk factors that could be controlled or treated. During the first cycle, the practice found that they had not met the criteria of ensuring that 75% of patients post stroke should have a blood pressure reading of less than 150/90. They had however, met the criteria of ensuring that 97% of patients had no symptoms associated with rapid loss of blood. The practice concluded that they had systems in place to manage the modifiable risk factors of stroke; however improvements were required. Following this, the practice recalled patients for a blood pressure check and those identified to have high blood pressure had a management plan in place. During the second cycle, the practice found that improvements had been made. However, close monitoring was required and a plan was in place to ensure administrative staff automatically booked patients to see relevant staff.

Effective staffing

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

Are services effective?

(for example, treatment is effective)

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

Coordinating patient care and information sharing

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

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

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were

referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

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

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

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.
- Smoking cessation advice was available from the practice nurse.

Our last inspection had identified that the practice were performing much lower for the uptake to cervical smears and they could not demonstrate the system they had in place for following this up.

We found that some improvements had been made. The practice uptake for the cervical screening programme was 73%, which was comparable to the CCG average of 78% and the national average of 82%. The practice showed us evidence that demonstrated that a number of patients were declining the check which resulted in them scoring low. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability

Are services effective?

(for example, treatment is effective)

and they ensured a female sample taker was available. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 88% to 93% and five year olds from 72% to 97%.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 30 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with two members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the January 2016 national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was comparable for most of its satisfaction scores on consultations with GPs and nurses. The practice were aware of the areas they required to make improvements and were working with patients and the PPG. For example:

- 82% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 83% and the national average of 89%.
- 79% of patients said the GP gave them enough time compared to the CCG average of 80% and the national average of 87%.
- 96% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 92% and the national average of 95%.

- 77% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 72% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 75% of patients said they found the receptionists at the practice helpful compared to the CCG average of 83% and the national average of 87%.

The practice were aware of the low performances relating to the nurses feedback. They had introduced extended nurse times to ensure that the nurse was more readily available.

Care planning and involvement in decisions about care and treatment

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

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

78% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 80% and the national average of 86%.

72% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.

67% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

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

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

Are services caring?

- Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations.

Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 14 patients as

carers 0.3% of the practice list). Written information was available to direct carers to the various avenues of support available to them. The practice were aware of the low scores in the patients identified as carers and we aware of the need to improve.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

At our previous inspection ; we found no evidence that the practice reviewed the needs

of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services. During our follow up inspection; we found that the practice had 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.

- There were longer appointments available for patients with a learning disability.
- The practice offered early morning appointments on Thursday morning from 7:00 am to 8:00 am for working patients who could not attend during normal opening hours
- Appointments with the GP and practice nurse were also available on Thursday mornings from 7:00am to 8.00 am for working patients.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS. Patients were referred to other clinics for those vaccines only available privately.
- There were disabled facilities and translation services available.

Access to the service

The practice was open between 8:00am and 6:30pm on Monday, Tuesday, Thursday and Friday and between 8.00am and 1.30pm on Wednesday. Extended hours opening were available on Thursday between 7.00am and 8.00am.

Consultation times were 8:00am until 11:30am and 3:30pm until 6:00pm. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

Results from the January 2016 national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages.

- 65% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 77% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

The practice were aware of the low scores with access and were working to inform patients of the extended hours they offered at the practice and of how to make use of the GP call back service.

People told us on the day of the inspection that they were able to get appointments when they needed them.

The practice had a system in place to assess:

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

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system.

We looked at five complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way, openness and transparency with dealing with the complaint. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, the practice had received a number of concerns regarding the manner of some reception staff. Following this the practice ensured that all staff were reminded of the need to treat all patients with dignity and respect at all times and were offering training refresher courses on customer service.

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

Our last inspection found that the practice did not have a vision to deliver high quality

care and promote good outcomes for patients. No strategy and business plans were in place to reflect the values of the practice and how these were monitored.

During this inspection we found that the practice had made significant improvements. The principal partner had recruited a permanent salaried GP who was also in the process of becoming a partner at the practice. Together they had worked to ensure they developed systems and processes that the practice were working within to ensure improvements were made and were sustained.

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

At the last inspection, we found that the practice did not have clear governance arrangements in place. The practice held no clinical governance meetings, and the systems of learning, sharing and making improvements following Significant Events Analyses (SEA) and complaints were not effective. During the inspection in August 2016, we found that the practice had made significant improvements. The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.

- There were effective arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

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

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- The practice kept written records of verbal interactions as well as written correspondence.

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

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

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

Are services well-led?

Good 

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example a new telephone answering system was in place following suggestions from the PPG.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us

they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example the practice were aware of their increasing list size and as such they were planning to develop the premises to accommodate this.