

South Norwood Medical Practice

Quality Report

21-B South Norwood Hill
South Norwood
London SE26 6AA
Tel: 020 8653 0635

Website:
<http://www.southnorwoodmedicalpractice.co.uk/>

Date of inspection visit: 7 June 2016
Date of publication: 28/07/2016

This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this service		Good	
Are services safe?		Good	
Are services effective?		Good	
Are services caring?		Good	
Are services responsive to people's needs?		Good	
Are services well-led?		Good	

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	3
The six population groups and what we found	5
What people who use the service say	8

Detailed findings from this inspection

Our inspection team	9
Background to South Norwood Medical Practice	9
Why we carried out this inspection	9
How we carried out this inspection	9
Detailed findings	11

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at South Norwood Medical Practice on 7 June 2016. Overall the practice is rated as good.

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

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

- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice 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.

There were areas of practice where the provider should make improvements:

- Review the practice procedures to ensure all patients are appropriately coded.
- Review the feedback from national GP patient survey to identify and act on further areas that can be improved.
- Review how patients with caring responsibilities are identified and recorded on the clinical system to ensure information, advice and support is made available to them.
- Review the induction for new staff to ensure it includes all the required training.

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.

- 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.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and 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 multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey showed patients rated the practice below average for many 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 saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



Summary of findings

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.
- The practice provided a phlebotomy service at the practice to encourage older patients who may have difficulty in getting to the hospital and to improve monitoring of patients with long term conditions.

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 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 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 GPs encouraged a culture of openness and honesty. The practice had systems in place for knowing about 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 practice had a virtual Patient Participation Group which was recently formed.
- 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.
- All patients who were over 75 years of age had a named GP.
- Older patients were recalled for regular medication reviews and were offered flu vaccines annually.

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.
- The national Quality and Outcomes Framework (QOF) data showed that 79% of patients had well-controlled diabetes, indicated by specific blood test results, compared to the Clinical Commissioning Group (CCG) average of 72% and the national average of 78%. The number of patients who had received an annual review for diabetes was 96% which was above the CCG average of 86% and national average of 88%.
- The national QOF data showed that 85% of patients with asthma in the register had an annual review, compared to the CCG average of 75% and the national average of 75%.
- Longer appointments and home visits were available for people with complex long term conditions when needed.
- All these patients had a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the GPs worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice provided a phlebotomy service, electrocardiography and spirometry to improve monitoring of patients with long term conditions.

Summary of findings

- The practice had comprehensive care-plans for patients with long-term conditions. The practice was in the process of developing strategies and action plans for prevention, identification and monitoring of patients with diabetes, asthma and COPD (Chronic Obstructive Pulmonary Disease).

Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of urgent care and Accident and Emergency (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 practice's uptake for the cervical screening programme was 83%, which was in line with the Clinical Commissioning Group (CCG) average of 82% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Good



Working age people (including those recently retired and students)

The practice is rated as good 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, carers, travellers and those with a learning disability.

Good



Summary of findings

- The practice offered longer appointments and extended annual reviews for patients with a learning disability; 100% (9 patients) of patients with learning disability had received a health check in the last year.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults 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 number of patients with dementia who had received annual reviews was 100% which was above the Clinical Commissioning Group (CCG) average of 85% and national average of 84%.
- 100% of patients (44 patients) with severe mental health conditions had a comprehensive agreed care plan in the last 12 months which was above the CCG average 85% and national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of people 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 on 7 January 2016. The results showed that the practice was performing in line with local and national averages. Three hundred and eighty five survey forms were distributed and 105 were returned. This represented 5% of the practice's patient list.

- 77% found it easy to get through to this surgery by phone (Clinical Commissioning Group (CCG) average of 73%, national average of 73%).
- 79% were able to get an appointment to see or speak to someone the last time they tried (CCG average 84%, national average 85%).
- 79% described the overall experience of their GP surgery as fairly good or very good (CCG average 82%, national average 85%).

- 68% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 74%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients. We received 21 comment cards which were mostly positive about the standard of care received. All the patients felt that they were treated with dignity and respect and were satisfied with their care and treatment.

The practice had received 800 reviews with 4.5stars through iWantGreatCare (healthcare review site) and had received a certificate of excellence from this site in 2015.

We spoke with 11 patients during the inspection. All patients said they were happy with the care they received and thought staff were approachable, committed and caring.

South Norwood Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist advisor and an Expert by Experience.

Background to South Norwood Medical Practice

South Norwood Medical Practice provides primary medical services in South Norwood to approximately 2400 patients and is one of 59 practices in Croydon Clinical Commissioning Group (CCG). The practice is one of the three practices in Parchmore group of practices formed in July 2015. The practice population is in the third most deprived decile in England.

The practice population has a higher than CCG and national average representation of income deprived children and older people. The practice population of children is similar to the CCG and higher than national average and the practice population of working age people is higher than the CCG and national averages; the practice population of older people is lower than the local and national averages. Of patients registered with the practice for whom the ethnicity data was recorded, 25% are Black Caribbean, 18% are white British and 16% are Black African.

The practice operates in converted premises. All patient facilities are wheelchair accessible. The practice has access to one doctor consultation room, one nurse consultation room and one healthcare assistant consultation room on the ground floor.

The clinical team at the surgery is made up of two part-time GPs (one male and one female) who are partners and two part-time salaried GPs (one male and one female), one part-time female practice nurse and one part-time healthcare assistant. The non-clinical practice team consists of business manager, deputy practice manager, and seven administrative and reception staff members. The practice provides a total of 10 GP sessions per week.

The practice operates under a General Medical Services (GMS) contract, and is signed up to a number of local and national enhanced services (enhanced services require an enhanced level of service provision above what is normally required under the core GP contract).

The practice reception and telephone lines are open from 8:00am till 6:30pm Monday to Friday. Appointments are available from 8:00am to 12:00pm and 4:00pm to 6:30pm every day. Extended hours surgeries are offered on Tuesdays and Thursdays from 6:30pm to 7:00pm.

The practice has opted out of providing out-of-hours (OOH) services to their own patients between 6:30pm and 8am and directs patients to the out-of-hours provider for Croydon CCG.

The practice is registered as a partnership with the Care Quality Commission to provide the regulated activities of diagnostic and screening procedures, maternity and midwifery services and treatment of disease, disorder or injury.

Detailed findings

Why we carried out this inspection

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

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

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 7 June 2016.

During our visit we:

- Spoke with a range of staff including two reception and administrative staff, the business manager, deputy practice manager, two GPs and the practice nurse, and we spoke with 11 patients who used the service including four members of the practice's Patient Participation Group (PPG).

- 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.
- 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

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events and maintained a log on the computer system.
- The practice had a comprehensive significant event policy and reported incidents to the National Reporting and Learning System (NRLS) which analysed these incidents to identify risks and provided opportunities to improve patient safety.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, a window was left open all night because staff failed to close the window when closing the surgery. The practice investigated this and created a protocol for staff opening and closing down the surgery and made it available for reception and administrative staff who were responsible for this task.

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

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated

they understood their responsibilities and all had received training relevant to their role. GPs were trained to Child Protection level 3, nurses were trained to Child Protection level 2 and non-clinical staff were trained to Child Protection level 1.

- Notices in the clinical rooms 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 check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.)
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). 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 Clinical Commissioning Group (CCG) pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. (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.) The practice had a system for production of Patient Specific Directions (PSD) to enable Health Care Assistants to administer vaccines after specific training when a doctor or nurse were on the premises. (PSDs are written instructions from a qualified and registered

Are services safe?

prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis.)

- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. The practice regularly used locum GPs and had procedures in place to check that the locum agency had completed the required pre-employment checks.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. The practice had up to date fire risk assessments and carried out regular fire drills. They also had identified fire marshals. 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, 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 that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All practice staff had received annual basic life support training except some newly appointed staff; 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 was available.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage and included premises and clinical risk assessments. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs. The practice had a lead for NICE who prepared summaries of NICE guidance on release which was then discussed at clinical meetings.
- 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 98.4% of the total number of points available, with 8.8% clinical exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects.) This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators was in line with the Clinical Commissioning Group (CCG) and national average. For example, 79% of patients had well-controlled diabetes, indicated by specific blood test results, compared to the CCG average of 72% and the national average of 78%. The number of patients who had received an annual review for diabetes was 96% which was above the CCG average of 86% and national average of 88%.
- The percentage of patients over 75 with a fragility fracture who were on the appropriate bone sparing agent was 0%, which was significantly below the CCG

average of 95% and national average of 93%. During the inspection we found that the practice had five patients who were on appropriate bone sparing agent; however these patients were not appropriately coded.

- The percentage of patients with atrial fibrillation treated with anticoagulation or antiplatelet therapy was 100% (0% exception reporting), which was in line with the CCG average of 98% and national average of 98%.
- Performance for mental health related indicators was above the CCG and national averages; 100% (10.2% exception reporting) of patients had received an annual review compared with the CCG average of 85% and national average of 88%.
- The number of patients with dementia (16 patients) who had received annual reviews was 100% (6.7% exception reporting) which was above the CCG average of 85% and national average of 84%.
- The number of patients with Chronic Obstructive Pulmonary Disease (COPD) who had received annual reviews was 100% (33.3% exception reporting) compared with the CCG average of 92% and national average of 90%. Due to the low prevalence of COPD the practice developed a list of potential patients and had identified 12 new patients.

Clinical audits demonstrated quality improvement.

- There had been two clinical audits carried out in the last two years, one of these was a completed audit where the improvements made were implemented and monitored.
- For example, an audit was undertaken to ascertain if antimicrobial medicines were appropriately prescribed according to best practice guidelines. In the first cycle the practice identified that antimicrobial medicines were prescribed according to best practice guidelines for more than 85% of patients audited achieving their target. In the second cycle, after changes had been implemented including providing local prescribing guidelines for locums, all the patients audited were prescribed antimicrobial medicines according to best practice guidelines.
- Another clinical audit of two week wait referrals for suspected cancer patients was undertaken to ascertain if referrals were made according to national cancer guidance. The practice identified 23 patients who were referred for suspected cancer of which 15 patients had a diagnosis of cancer. Following this audit the practice

Are services effective?

(for example, treatment is effective)

were planning to use resources such as risk assessment tools and learning from significant events of cancer patients to better identify suspected cancer patients and to re-audit to ascertain any improvement.

- The practice worked with the Clinical Commissioning Group (CCG) medicines management team and undertook mandatory and optional prescribing audits such as those for antibiotic prescribing.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It covered topics such as safeguarding, infection prevention and control, fire safety, health and safety, confidentiality and basic life support. The practice had a role specific induction checklist for reception staff. The practice also had a detailed employment handbook for each staff which included relevant practice policies and procedures including tips on customer care for reception staff.
- 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 online 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 mandatory update training that included: safeguarding, fire procedures, basic life support and information governance awareness; however not all

newly appointed staff had received basic life support training; the practice had plans in place for training all new staff. Staff had access to and made use of e-learning training modules and in-house training.

- The practice had a protected learning session every quarter with staff from all three practices where they discussed policy updates and general updates; clinical staff discussed audit results and had presentations in various clinical topics.

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. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- The practice had a tailored new cancer diagnoses pathway with clear roles and responsibilities for administrative and clinical members of staff.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan on-going care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. The practice had clinical meetings twice every week; which involved all clinical staff from all three practices where they discussed guideline updates, prescribing updates and audits. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated. The practice also had practice nurse meetings every six weeks which involved practice nurses and healthcare assistants from all three practices in the group where they discussed practice nurse specific clinical issues.

Consent to care and treatment

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

Are services effective?

(for example, treatment is effective)

- 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.

Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, those at risk of developing a long-term condition,

patients with a learning disability and those requiring advice on their diet, smoking and alcohol cessation and those with dementia. Patients were then signposted to the relevant service.

The practice's uptake for the cervical screening programme was 83%, which was in line with the Clinical Commissioning Group (CCG) average of 82% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccines given were comparable to CCG averages. For example, childhood immunisation rates for the vaccines given to under two year olds ranged from 82% to 100% and five year olds from 76% to 100%. Flu immunisation rates for diabetes patients were 99% which was above the CCG and national averages.

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.

Most of the 21 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. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

We spoke with 11 patients including four members of the Patient Participation Group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect; however the results were generally below average when compared to local and national averages. For example:

- 78% said the GP was good at listening to them (Clinical Commissioning Group (CCG) average of 86%; national average of 89%).
- 79% said the GP gave them enough time (CCG average 83%, national average 87%).
- 97% said they had confidence and trust in the last GP they saw (CCG average 93%, national average 95%).
- 79% said the last GP they spoke to was good at treating them with care and concern (CCG average 81%, national average 85%).
- 80% said the last nurse they spoke to was good at treating them with care and concern (CCG average 90%, national average 91%).

- 75% said they found the receptionists at the practice helpful (CCG average 87%, national average 87%).

The practice had received 232 reviews in the last year through the friends and family test; 88% of the patients said they were extremely likely or likely to recommend this practice. Some of the issues highlighted in the GP patient survey were also highlighted through the comments received through this survey and the practice had taken some action to address these issues. For example the practice had improved its telephone access, appointment system and increased the number of reception staff on duty in the afternoons.

Care planning and involvement in decisions about care and treatment

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

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment with GPs. The practice was in line with or below average for consultations with GPs and nurses. For example:

- 84% said the last GP they saw was good at explaining tests and treatments compared to the Clinical Commissioning Group (CCG) average of 84% and national average of 86%.
- 66% said the last GP they saw was good at involving them in decisions about their care (CCG average 78%, national average 82%).
- 74% said the last nurse they saw was good at involving them in decisions about their care (CCG average 84%, national average 85%).

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.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 0.5% (11 patients) of the practice list as carers. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP called them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service. The practice had a book in reception in which they recorded all patient deaths to remind staff.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the 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 and those with complex long-term conditions.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- There were disabled facilities and translation services available.
- Homeless people were able to register at the practice.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately.
- The practice provided a phlebotomy service at the practice to encourage older patients who may have difficulty in getting to the hospital and to improve monitoring of patients with long term conditions.
- The practice provided a leaflet to patients who had two week wait referrals explaining what they can expect and what they need to do and details about obtaining further information.

Access to the service

The practice was open between 08:00 and 6:30pm Monday to Friday. Appointments were available from 8:00am to 12:00pm and 4:00pm to 6:30pm daily. Extended hours surgeries were offered on Tuesdays and Thursdays from 6:30pm to 7:00pm. 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 national GP patient survey showed that patient's satisfaction with how they could access care and treatment were in line with the local and national averages in some aspects.

- 70% of patients were satisfied with the practice's opening hours (Clinical Commissioning Group (CCG) average 74%; national average of 75%).
- 77% patients said they could get through easily to the surgery by phone (CCG average 73%, national average 73%).
- 55% patients said they always or almost always see or speak to the GP they prefer (CCG average 57%, national average 59%).

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

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 looked at six complaints received in the last 12 months and these were satisfactorily dealt with in a timely way. We saw evidence that the complaints had been acknowledged and responded to and letters were kept to provide a track record of correspondence for each complaint. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, a patient had complained about a receptionist being rude on two occasions. The practice investigated this incident, apologised to the patient and discussed this incident on training days to improve customer service to patients. Following this incident the practice had arranged for customer service training for the reception staff.

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.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and these were regularly monitored.

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. The practice had leads assigned for various clinical and non-clinical areas for example prescribing, IT and Safeguarding.
- Practice specific policies were implemented and were available to all staff. They had a shared folder in their computer system containing all the practice policies which were regularly updated.
- There was a comprehensive understanding of the performance of the practice. There was evidence that benchmarking information was used routinely when monitoring practice performance.
- Governance meetings took place every six weeks with business manager, assistant practice manager and clinical staff where management, staffing issues, clinical issues, significant events and strategy were discussed.
- The practice had a strategic business reference group meeting every month involving all senior management staff and GP partners from all three practices where they discussed practice policies, staffing and strategy in general.
- The practice also had weekly senior leadership team meeting involving all senior management staff and practice managers from all three practices where they discussed staffing issues, training, national Quality and Outcomes Framework (QOF) results and general management issues.

- The practice also had a staff meeting involving all practice staff.
- There was a programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff. There was a clear leadership structure in place and staff felt supported by management.

- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at meetings and felt confident in doing so and felt supported if they did.
- 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.

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

When there were unexpected or unintended safety incidents:

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

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

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.

Are services well-led?

Good 

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

- The practice had gathered feedback from patients through the Patient Participation Group (PPG) and through surveys and complaints received. The practice had a virtual PPG with six members which was recently formed. The practice had carried out patient surveys and has made several improvements following the feedback from patients. For example, the practice improved its telephone access and appointment system, increased the number of reception staff on duty in the afternoons, and constructed a new disabled patient toilet and front entrance with ramp and buggy park.
- 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

The practice had recently received funding to make improvements in the practice; they had recently refurbished all patient areas which included new flooring, new disabled patient toilet and front entrance with ramp and buggy park. They were in the process of refurbishing staff areas. As the practice was part of the three practices in the Parchmore group they had joint clinical and strategic meetings and learnt from each other.