

Allington Clinic

Quality Report

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

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Allington Clinic on 2 February 2016. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. All opportunities for learning from internal and external incidents were maximised.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles.
- All risks to patients were consistently assessed and well managed.
- Patients' records that contained confidential information were held in a secure way so that only authorised staff could access them.
- Patients said they were treated with compassion, dignity and respect and they were involved in their

care and decisions about their treatment.

Information was provided to help patients understand the care available to them. Feedback from patients about their care was consistently and strongly positive as well as significantly better than local and national feedback averages.

- The practice worked closely with other organisations and with the local community in planning how services were provided to help ensure that they met people's needs. For example, in their professional interactions with a local nursing home, parents of and children on the 'at risk' register and those in vulnerable circumstances. There were regular six to eight weekly multidisciplinary meetings, as well as 'as required' meetings that were held if issues arose before the next scheduled meeting.
- Urgent appointments were available the same day and pre bookable appointments were available up to four weeks in advance.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback

Summary of findings

from patients and from the patient participation group (PPG). Patients who had had cause to complain were invited to join the PPG, in order to encourage them to be involved in the way the practice is operated.

- 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.
- There was a business plan that was monitored, regularly reviewed and discussed with all staff. High standards were promoted and owned by all practice staff with evidence of team working across all roles.
- There was a clear leadership structure and staff felt supported by management.

- Governance and performance management arrangements were under constant review. The practice actively sought out and used data from wide range of sources.

We saw areas of outstanding practice including:

- The lead GP for safeguarding children knew the school nurse for each child and was aware of the issues at each school that the child attended, in order to help ensure they were aware of any mitigating factors which could have an impact on the child's health.

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 for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and 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 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 showed patient outcomes were at or above average for the locality. However, in some areas they scored below the average. For example, 76.4% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was lower than the CCG average of 85.5% and the national average of 83.9%. The practice had carried out an audit to determine why there was a shortfall in their results.
- 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. For example, there were regular six to eight weekly multidisciplinary meetings, as well as 'as required' meetings that were held if issues arose before the next scheduled meeting. Care plans were routinely reviewed and updated during these meetings.

Good



Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- Data from the National GP Patient Survey showed patients rated the practice in line with others for almost all aspects of care. For example, 87% of respondents said that the last GP they saw or spoke to was good at treating them with care and concern compared with a CCG average of 88% and national average of 85%.
- Feedback from patients about their care and treatment was consistently and strongly positive. Patients' views gathered at inspection demonstrated they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Patients told us verbally and in comment cards, that staff were exceptionally caring, went the extra mile and ensured that any follow up treatment required, was sensitively and compassionately explained to them.
- We observed a strong patient-centred culture. Receptionists knew the patients well. Patients told us they received a very individualised and tailored service, which met their needs in relation to both their mental and physical well-being.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice worked closely with other organisations and with the local community in planning how services were provided to help ensure that they meet patients' needs.
- There were innovative approaches to providing integrated person-centred care. For example, in their professional interactions with a local nursing home, parents of and children on the 'at risk' register and those in vulnerable circumstances.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group. For example, patients who had had cause to complain were invited to join the patient participation group (PPG), in order to encourage them to be involved in the way the practice was operated.
- Patients said they found it easy to make an appointment 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 the practice responded quickly when issues were raised. Learning from complaints was shared with staff and other stakeholders.

Good



Summary of findings

Are services well-led?

The practice is rated good for being well-led.

- The practice had a clear vision and strategy.
- Governance arrangements were underpinned by a clear leadership structure and staff felt supported by management.
- Staff were aware of and understood the practices policies and procedures which governed activity.
- There were systems to monitor and improve quality and identify risk.
- The practice proactively sought feedback from staff and patients, which it acted on. The practice had an active patient participation group.
- 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 for knowing about notifiable safety incidents.
- Staff had received induction, regular performance reviews and attended staff meetings and events.
- High standards were promoted and owned by all practice staff. There was a very low staff turnover with a well-established team where staff worked across all roles.
- The practice was aware of future challenges and had conveyed these to their PPG, in order to help ensure they were involved in future decision making.

Good



Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as good for the care of older people.

- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice patient population included a high number of patients who were aged 75 years and over. This included patients who were in a nursing home, where the practice provides long term and end of life care. There were regular six to eight weekly multidisciplinary meetings, as well as 'as required' meetings that were held if issues arose before the next scheduled meeting. As well as, integrated care meetings involving health and social care services which supported information sharing about vulnerable, elderly or housebound patients. GPs gave their personal contact telephone numbers to patients and their families/carers who were receiving palliative care at home and were contactable in the event of a crisis.
- Repeat prescriptions were available over the telephone for older or housebound patients, who did not have, or who were not confident in using, the on-line repeat prescription service.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice provided un-funded care cover for 40 high dependency / end of life beds at a local nursing home. This included weekly ward rounds and daily visits when required.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Patients with long-term conditions had a named GP and a structured annual review to check that their health and medicines needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- Longer appointments and home visits were available when needed.

Good



Summary of findings

Families, children and young people

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

- There were systems to identify and follow up children living in disadvantaged circumstances and who were at risk. For example, children and young people who were on the 'at risk register'. The practice ensured there was good coordination of care with other providers, such as the health visitor, midwife and health and social care coordinators.
- The practice ensured there was good coordination with school nurse. The lead GP for safeguarding children knew the school nurse for each child and was aware of the issues at each school that the child attended, in order to help ensure they were aware of any mitigating factors which could have an impact on the child's health.
- Immunisation rates were relatively high for all standard childhood immunisations. Where families missed an appointment for a vaccination the practice followed this up by telephone.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice had bettered the national and local results for the cervical cancer screening programme. They had conducted an audit in order to evidence where cervical screening may be an issue for some female patients. The audit showed that a number of patients declined due to their nationality. As a result, the practice produced leaflets written in different languages regarding the benefits of cervical screening and had liaised with local community leaders to raise awareness amongst patients in this population group.

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 patient population, those recently retired and students had been identified and the practice had adjusted the services it offered to help 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



Summary of findings

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 such as those who were elderly and lived alone or those with a learning disability.
- The practice had carried out annual health checks for all patients with a learning disability. They offered longer appointments for patients with complex needs that related to their circumstances as well as their health concerns. The practice identified that there were a number of Nepalese and Eastern European patients registered with them and had translation services available if needed.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. They had told vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Good



People experiencing poor mental health (including people with dementia)

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

- Quality and Outcomes Framework system results show that 76.4% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was lower than the CCG average of 85.5% and the national average of 83.9%. The practice had carried out an audit to determine why there was a shortfall in their results.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those 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 to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Good



Summary of findings

What people who use the service say

The National GP Patient Survey results published in July 2015 (data collected during August 2014 - March 2015), showed the practice was performing above the local and national averages. 290 survey forms were distributed and 95 were returned (which is 4.6% of the practice's patient list).

- 94% of respondents found it easy to get through to this practice by telephone compared to a clinical commissioning group (CCG) average of 76% and a national average of 73%.
- 95% of respondents were able to get an appointment to see or speak with someone the last time they tried (CCG average 80%, national average 85%).
- 91% of respondents described the overall experience of their GP practice as fairly good or very good, compared with a CCG average of 78% and the national average of 73%.

- 90% of respondents said they would definitely or probably recommend their GP practice to someone who has just moved to the local area with a CCG average of 81% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 27 comment cards, all of which were positive about the standard of care received. However, three contained both positive and negative comments, which related to receiving good care but appointment times not occurring at the time they are scheduled.

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

Outstanding practice

- The lead GP for safeguarding children knew the school nurse for each child and was aware of the

issues at each school that the child attended, in order to help ensure they were aware of any mitigating factors which could have an impact on the child's health.

Allington Clinic

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser.

Background to Allington Clinic

Allington Clinic is a GP practice based in Allington, Kent. There are 2,100 patients on the practice list.

There is a GP (female) who predominantly works at Allington Clinic, as well as GP partners from the Churchill Medical Group. The GPs are supported by a practice manager, a practice nurse and an administrative team.

Allington Clinic is open 8am to 12pm and 2pm to 6pm Monday to Friday. Extended hours are available on Thursdays from 6pm to 8pm. There is an emergency telephone number for patients to be able to contact the practice during the hours of 12pm to 2pm and from 6pm to 6.30pm.

There are arrangements with other providers (Integrated Care 24) to deliver services to patients outside of the practice's working hours.

The practice has a general medical service (GMS) contract and also offers enhanced services for example; minor operations and joint injections.

Services are delivered from;

- Allington Clinic, 26 Tichbourne Close, Allington, Maidstone, Kent, ME16 0RY
- Lockmeadow, 54-56 Tonbridge Road, Maidstone, Kent, ME16 8SE

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 2 February 2016. During our visit we:

- Spoke with a range of staff including a GP, two administration staff and the practice manager.
- Spoke with five patients who used Allington Clinic.
- Reviewed 27 comment cards, where patients had shared their views and experiences of using the practice.
- Observed how telephone calls from patients were dealt with and how patients were supported by the reception staff in the waiting area before they were seen by the GPs.
- Toured the premises.

Detailed findings

- Looked at policy and procedural documentation.

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 for reporting and recording significant events.

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

We reviewed safety records, incident reports and minutes of meetings where these were discussed. For example, a hospital letter and report had been received by the practice with the name of a patient registered to them. On reading the report, staff recognised that the letter did not relate to their patient and was for a patient with the same name at another practice. This incident was reported, investigated and discussed at a clinical meeting. As a result processes were reviewed and changes made to improve patient safety. Records showed that learning from this event was shared with relevant staff.

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 to help keep patients safe and safeguarded from abuse, which included:

- Arrangements to safeguard children and vulnerable adults from abuse that reflected relevant legislation as well as 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, who had established a systems to help ensure that contact with parents of and children on the 'at risk' register and patients in vulnerable circumstances, were routinely reviewed and discussed with the multi-disciplinary team. The lead GP for safeguarding children knew the school nurse for each

child and was aware of the issues at each school that the child attended, in order to help ensure they were aware of any mitigating factors which could have an impact on the child's health.

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 safeguarding level three in safeguarding children.

- 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 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 and staff had received up to date training. Annual infection control audits were undertaken. The practice was able to demonstrate they had a system for the routine management, testing and investigation of legionella (a germ found in the environment which can contaminate water systems in buildings).
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local clinical commissioning group (CCG) pharmacy teams, to help ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems to monitor their use. We spoke with GPs and members of the non-clinical team, who told us there was a system for checking that repeat prescriptions were issued according to medicine review dates and to help ensure, that patients on long-term medicines were reviewed on a regular basis. Patients told us that they had not experienced any difficulty in getting their repeat

Are services safe?

prescriptions. Nurses used Patient Group Directions (PGDs) to administer vaccines and other medicines that had been produced in line with legal requirements and national guidance. We saw evidence that the nurse had received appropriate training and been assessed as competent to administer the medicines referred to under a PGD.

- We reviewed four 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.
- There were failsafe systems to help 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.

Monitoring risks to patients

All risks to patients were consistently assessed and well managed.

- There were procedures for monitoring and managing risks to patient 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. All electrical equipment was checked to help ensure the equipment was safe to use and clinical equipment was checked to help ensure it was working properly. There was a record which identified risks and action plans to manage or reduce risk. A fire risk assessment had been undertaken that included actions required in order to maintain fire safety. Records showed that the practice carried out

regular fire drills. The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control.

- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system for all the different staffing groups to help ensure that enough staff were on duty. Staff said there were usually enough staff to maintain the smooth running of the practice and there were always enough staff on duty to help keep patients safe.

Arrangements to deal with emergencies and major incidents

The practices had adequate arrangements 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 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 fit for use.
- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems 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.
- New guidance was discussed at meetings. The practice monitored that guidelines were followed through audits, checking of patient records and review of the practice's performance across specific diseases and conditions.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework system (QOF). This is a system intended to improve the quality of general practice and reward good practice. The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. QOF results cover the practice's performance in 19 clinical areas ranging from asthma to stroke. In 18 of the 19 areas the practice achieved 100% of the available clinical indicators.

The most recent published results were 98.8% of the total number of points available, with 12.8% 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 2014-2015 showed:

- Performance for diabetes assessment and care was 83%, which was comparable to the local clinical commissioning group (CCG) average of 70.7% and the national average of 69.7%.
- The percentage of patients with hypertension having regular blood pressure tests was 92.9%, which was better than the CCG average of 83.8% and the national average of 83.5%.

- Performance for mental health assessment and care was 83.3%, which was lower than the CCG average of 90.7% and the national average of 90.1%.
- 76.4% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was lower than the CCG average of 85.5% and the national average of 83.9%.

The practice had carried out an audit and found that patients diagnosed with dementia had had a review. In the case where the review had not been carried out, this was because patients were in a care home receiving palliative (end of life) care and were regularly seen by the GP.

Clinical audits demonstrated quality improvement.

- There had been three clinical audits completed in the last two years, one of these was a completed audit where the improvements planned were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result of a review of patients with atrial fibrillation (an abnormal heart rhythm) included changing their medicines where appropriate. Further audit cycles had been conducted to check whether the improvements had been sustained.

Information about patients' outcomes was used to make improvements such as; routinely reviewing patients on a certain medication which had adverse cardiac side effects.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It covered such topics as 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 staff 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

Are services effective?

(for example, treatment is effective)

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 on-going support during sessions, one-to-one meetings, appraisals, mentoring, clinical supervision as well as facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness.
- 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. 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.

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. We saw evidence that multi-disciplinary team meetings took place on a six to eight week and on an as required basis. Care plans were routinely reviewed and updated. These meetings included staff from the local and district nursing care teams, the health visitor, school nurse and the health and social care co-ordinators.

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 records audits.

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, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.
- Smoking cessation advice was available from the practice and a local support group.

The practice's uptake for the cervical screening programme was 85.47%, which was slightly above CCG average of 83.5% and the national average of 82.5%. There was a policy to offer telephone and/or written reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by ensuring a female sample taker was available. The practice had conducted an audit in order to evidence where cervical screening may be an issue for some female patients. The audit showed that a number of patients declined cervical screening due to their nationality. As a result, the practice produced leaflets written in different languages regarding the benefits of cervical screening and had liaised with local community leaders to raise awareness amongst patients in this population group.

Are services effective? (for example, treatment is effective)

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 in line with the CCG average for under one year old, two year olds and five year olds. For example, childhood immunisation rates for the vaccinations given to one year olds was 92.3%, compared to the CCG average of 91.3%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-ups 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

Patients told us that staff went the extra mile and the care they received exceeded their expectations.

There was a strong, visible, person-centred culture at the practice. Staff were highly motivated and inspired to offer care that was kind and promoted people's dignity. Relationships between people who used the service, those close to them and staff were strong, caring and supportive. These relationships were highly valued by all staff and promoted by leaders.

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

Patient confidentiality was respected. Patients' records were in electronic and paper form. Records that contained confidential information were held in a secure way so that only authorised staff could access them.

The waiting room and reception desk area was open plan and this made it difficult for staff to maintain confidential discussions with patients. However, staff were aware of this and took account of it in their dealings with patients. There was also a private area where patients could talk to staff if they wished.

All consultations and treatments were carried out in the privacy of a consulting room. We saw that staff always knocked and waited for a reply before entering any consulting or treatment rooms and it was not possible to overhear what was being said in them. The consulting couches had curtains and patients said that the GPs and nurses closed them when this was necessary.

We received 27 comment cards, of these six specifically mentioned the care and compassion with which reception staff treated them. We also spoke with three members of the patient participation group who 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 patients needed help and provided support when required. Patients said the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

Data from the National GP Patient Survey July 2015 showed that performance in some areas was better than local and national averages. For example,

- 67% of respondents with a preferred GP usually get to see or speak with that GP compared with a clinical commissioning group (CCG) average of 73% and national average of 59%.
- 88% of respondents said the last GP they saw or spoke with was good at treating them with care and concern compared with a CCG average of 88% and national average of 85%.
- 90% of respondents said they found reception staff helpful compared with the CCG average of 76% and national average of 73%.
- 91% of respondents described the overall experience of their GP surgery as fairly good or very good, compared with the CCG average of 87% and the national average of 85%.

The practice also scored better than or in line with local and national averages in terms of patients seeing or speaking with nurses. For example:

- 98% of respondents said the nurses were good at listening to them compared to the CCG average of 93% and national average of 91%.
- 97% of respondents said the nurses gave them enough time compared to the CCG average of 94% and national average of 92%.
- 100% of respondents said they had confidence and trust in the last nurse they saw compared to the CCG average of 98% and national average of 97%.

Care planning and involvement in decisions about care and treatment

Patients told us in interview and on comment cards that they felt involved in decision making about the care and treatment they received. Comment cards included comments of staff providing exceptional services in relation to following up on care and treatment and explaining what happened next, either by a telephone consultation or by booking them in for a face to face consultation. They told us they appreciated this level of care, which went the extra

Are services caring?

mile. They 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.

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 better than local and national averages. For example:

- 94% of respondents said the last GP they saw or spoke with was good at listening to them compared with a CCG average of 91% and national average of 89%.
- 94% of respondents said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 91% and national average of 90%.
- 88% of respondents said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 84% and national average of 82%.

The practice was responsible for 40 high dependency/end of life beds at a local nursing home. Despite the fact that the Visiting Medical Officer scheme was no longer funded the practice had maintained their level of care. There was a weekly ward round and daily visits when required. Nursing staff at the home had the emergency telephone number for the practice so that they could access GP and nursing advice, during the practice's normal working hours, without delay. The GP was available to staff both out of hours and at weekends for advice on avoiding admission to hospital or end of life 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.

Patient and carer support to cope emotionally with care and treatment

People's emotional and social needs were seen as important as their physical needs.

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 a list of patients who were carers. Written information was available to direct carers to the various avenues of support available to them.

In cases of end of life care the GPs provided dedicated telephone numbers to the families so that they could be reached in the event of a crisis. The practice had a small number of palliative care patients. Their individual care was discussed at six to eight weekly multi-disciplinary meeting, as well as in between this time if deemed appropriate. The practice had established a good working relationship with all service providers, involved in the care and treatment of patients requiring end of life care. This helped to provide the additional individualised care and support required by this group of patients and their families.

Staff told us that if families had suffered bereavement, their usual GP contacted them. This call was either followed by a 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.

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 patient 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.
- 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.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately. Patients who required such vaccinations were referred to private clinics accordingly.
- There were disabled facilities, a hearing loop and translation services available.

Access to the service

Allington Clinic was open 8am to 12pm and 2pm to 6.30pm Monday to Friday. Extended hours were available on Thursdays from 6.30pm to 8pm. In addition to pre-bookable appointments that could be booked up to 4 weeks in advance, urgent appointments were also available.

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

- 94% of respondents said they could get through easily to the practice by telephone compared to the CCG average of 76% and national average of 73%.
- 87% of respondents described their experience of making an appointment as good compared to the CCG average of 78% and national average of 73%.

- 70% of respondents said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 63% and national average of 65%.
- 78% of respondents were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 75%.

Patients 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 a system 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. For example, posters displayed in the waiting area and in the practice information leaflet.

We looked at the complaints received in the last 12 months and found they were satisfactorily handled, dealt with in a timely way and there was openness and transparency with dealing with the complaint. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. For example, explaining to patients the reasons why treatment options may be limited. Staff always empowered people who used the service to have a voice. For example, recruiting complainants to the PPG, in order to help them feel they could be involved in the way the practice is operated.

Patients we spoke with were aware of the process to follow if they wished to make a complaint. They told us that if they had to make a complaint they would be listened to and the matter would be dealt with both promptly and professionally and that if additional support was needed, they would be provided with it.

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 of which staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and 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 and helped ensure that:

- There was a clear staffing structure.
- 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 which was used to monitor quality and to make improvements
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

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

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems that identified 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.

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

- Staff told us the practice held regular team meetings. Minutes of meetings confirmed this.
- 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 in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice.

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.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, conducting a survey after the results of the national patient survey had been published, in order to monitor whether patients experience had improved.
- There were Friends and Family comment cards in the waiting room, which were routinely analysed by the practice manager. Records confirmed that consistent positive responses had been received by the practice.
- 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 said they felt involved and engaged to improve how the practice was run. 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.

Are services well-led?

Good 

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

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. For example, the practice learned from incidents, accidents and significant events as well as from complaints received.