# The Grove Medical Practice

**Quality Report**

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Date of inspection visit: 15 March 2016
Date of publication: 15/08/2016

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

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Grove Medical Practice on 15 March 2016. Overall the practice is rated as good.

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said the staff were helpful, caring, friendly, professional and treated them with dignity and respect.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- 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.
- 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.

We saw an area of outstanding practice:

- The practice maintained a comprehensive practice handbook that contained a complete reference to staff of services provided by the practice, including all operational procedures, prescribing and clinical guidelines, policies, community and secondary care services, and external organisations contact details. The handbook also provided electronic links to a variety of national and local guidance for staff to expediently access.

The areas where the provider should make improvement are:

# Summary of findings

- Review prescriptions tracking log incorporating allocated distribution.
- Display a warning notice where the oxygen cylinder is stored.
- Ensure all staff are appropriately trained in basic life support.

**Professor Steve Field CBE FRCP FFPH FRCGP**
Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

**Good**

- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

### Are services effective?

The practice is rated as good for providing effective services.

**Good**

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

### Are services caring?

The practice is rated as good for providing caring services.

**Good**

- Data from the most recent national GP patient survey published showed the practice was above CCG averages for its satisfaction scores on consultations with GPs and nurses, but fell below national averages in some areas.
- Patients said the staff were helpful, caring, friendly, professional and treated them with dignity and respect.

# Summary of findings

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

**Are services responsive to people's needs?**
The practice is rated as good for providing responsive services.

Good

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, the practice engaged with local and CCG led schemes aimed to reduce avoidable hospital admission rates, including the integrated care plan programme and regular attendance at GP federation meetings.
- 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.

**Are services well-led?**
The practice is rated as good for being well-led.

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff knew and understood the values which were embedded across the practice.
- There was a clear leadership structure and staff felt supported by management.
- The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken

# Summary of findings

- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- 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

Good

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

- Patients over the age of 75 years had a named GP to promote continuity of care.
- The practice offered daily telephone consultations and home visits for patients unable to attend the surgery due to illness or immobility.
- Information on support groups was provided to patients who may benefit from this support.
- The practice participated in a local transport pilot scheme that provided assisted travel to the surgery.
- The practice aimed to provide services in house to avoid travel to distant sites. For example, the practice initiated an in-house anticoagulation monitoring service in response to feedback from patients who were having difficulties travelling to the local hospital.
- Patients were pro-actively referred to local community services including falls prevention, occupational therapy and social services as required.
- The practice engaged in local enhanced services and identified older patients at high risk of hospital admission and invited them for review to create integrated care plans aimed at reducing this risk. The care plans were agreed with the patient and they kept a copy of their care plan at home. The practice's avoidable admissions rate was lower compared to the CCG average.
- The practice held regular multi-disciplinary team meetings with community nurses, palliative care team and community matron to discuss older patients with complex medical needs and review and update their care plans. The practice also took part in quarterly network multi-disciplinary meetings attended by local GP practices and consultants in care of the elderly and mental health to discuss difficult cases and share knowledge and expertise to improve management and avoid admissions.

### People with long term conditions

Good

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

- The practice offered GP and nurse led chronic disease management for conditions including diabetes, hypertension,

asthma and COPD. Patients were invited for six monthly health checks for management of their disease and medication review. Reminders were placed on patients repeat prescriptions when their review was due.

- Quality and Outcome Framework data for long-term conditions were at or above average compared to national figures.
- The practice engaged in local enhanced services to identify patients with long-term conditions at high risk of hospital admission and invited them for review to create integrated care plans aimed at reducing this risk. The care plans included a section called 'rescue plan' that advised the patient when to consult with their GP or other services if required. The practice's avoidable admissions rate was lower compared to the CCG average.
- The practice held regular multi-disciplinary team meetings with community nurses, palliative care team and community matron to discuss older patients with complex medical needs and review and update their care plans.
- Home visits were available for patients unable to attend the practice due to illness or immobility and alerts were placed on electronic records for patients who had difficulty using the stairs.

**Families, children and young people**

Good

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

- There was a named GP lead for safeguarding vulnerable children and staff had received role appropriate child protection training and were aware of their responsibilities to raise any concerns. The practice maintained a register of vulnerable children and their families and monthly meetings with health visitors took place to discuss cases on the register.
- The practice engaged with local services to support vulnerable children and young adults. For example, they proactively referred patients to a local multi-agency team of counsellors, psychologist and family support workers who provided support for vulnerable children, their families and for young parents.
- The practice maintained a register of young carers and offered support and signposting to local services when appropriate.
- Uptake rates for childhood immunisations 2014/15 were at or above CCG averages.
- The practice provided shared ante-natal care with local hospitals and GP-led post-natal checks for mothers and babies at six weeks.

- The practice nurses were trained to offer family planning and contraceptive advice as required.

**Working age people (including those recently retired and students)**

Good

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

- The practice offered extended hour appointments with two doctors and one practice nurse one evening a week for patients unable to attend the surgery during working hours. Both booked and open access telephone consultations were also available.
- There was the facility to book appointments and request repeat prescriptions online.
- The practice nurses had received smoking cessation training to offer support and advice for patients who wished to stop smoking with onward referral to local smoking cessation services if required.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.

**People whose circumstances may make them vulnerable**

Good

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

- There was a named GP lead for safeguarding vulnerable adults and staff were aware of their responsibilities to raise concerns. Alerts on electronic patient records were used to highlight vulnerable patients and these cases were regularly discussed at multi-disciplinary team meetings.
- The practice maintained a register of patients with learning disabilities and they were invited for annual health checks to update care plans and review medication. Alerts placed on electronic records ensured these patients were offered first and double time slots when booking appointments.
- Patients who did not have English as their first language could also book longer appointments to allow time for use of translation services.
- The practice list was open for people who were homeless to register and they were encouraged to use the practice address for correspondence to reduce the rate of missed hospital appointments.

# Summary of findings

**People experiencing poor mental health (including people with dementia)**

Good

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

- Screening for dementia was offered to patients at risk or those with concerns about their memory with onward referral to local memory clinic services if indicated.
- The practice provided primary medical services to three local supported living homes for patients with learning disabilities and people experiencing poor mental health.
- One of the GPs was the mental health lead for the practice and had been involved in reviewing the criteria for discharge from secondary care services back to the community teams. Discussion with the patients GP was sought before discharge from secondary care mental health services and the practice was currently auditing the impact of this service.
- The practice proactively referred patients with depression or anxiety to local Improving Access to Psychological Therapies (IPAT) services when required.
- QOF data for 2014/2015 showed the practice was comparable to local and national averages for mental health indicators.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published on January 2016. The results showed the practice was performing in line with local and national averages. 352 survey forms were distributed and 105 were returned. This represented almost 2% of the practice's patient list.

- 83% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 66% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 94% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 90% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 23 comment cards which were all positive about the standard of care received. Comments received described the staff as friendly, understanding, helpful and efficient and the environment as clean, safe and hygienic.

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

# The Grove 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 adviser, a second CQC inspector and a practice manager specialist adviser.

## Background to The Grove Medical Practice

The Grove Medical Practice is a well-established GP practice situated within the London Borough of Ealing. The practice lies within the administrative boundaries of Ealing Clinical Commissioning Group (CCG) and is a member of the North North Ealing GP network and Ealing GP Federation. The practice is an approved training practice for both GP specialist trainees (GP Registrars) and foundation year two doctors.

The practice provides primary medical services to approximately 6,600 patients living in Northolt and South Harrow and holds a core General Medical Services Contract and Directed Enhanced Services Contracts. The practice is located in Danemead Grove off Petts Hill at the South Harrow end of Northolt with good transport links by bus and rail services.

The practice operates from a converted detached house that has been extended and refurbished. There are four consultation rooms on the ground floor of the premises and two on the first floor with stair access. The reception and waiting area are on the ground floor with wheelchair access to the entrance of the building. There are accessible toilets for people with disabilities and off site car parking in surrounding residential areas.

The practice population is ethnically diverse and has a higher than the national average number of patients between 20 and 44 years of age and lower than the national average number of older patients 65 years plus. The practice area is rated in the fifth more deprived decile of the national Index of Multiple Deprivation (IMD). People living in more deprived areas tend to have greater need for health services.

The practice is registered with the Care Quality Commission to provide the regulated activities of diagnostic & screening procedures, family planning, maternity & midwifery services, surgical procedures and treatment of disease disorder & Injury.

The practice team comprises of one female and two male GP partners, a male sessional GP, a female GP retainee, a female GP trainee and a male foundation year two doctor who all collectively work a total of 46 clinical sessions per week. They are supported by two part time practice nurses, a practice manager partner, assistant practice manager and six administration staff.

The opening hours are 8.30am to 1.00pm and 2.30pm to 6.00pm Monday, Tuesday, Wednesday and Friday and from 8.30am to 1.00pm Thursday. GP appointments in the morning are available from 9.00am to 11.30am on Monday and from 8.40am to 11.30am Tuesday to Friday. GP appointments in the afternoon are available from 2.30pm to 5.40pm Monday, Tuesday, Wednesday and Friday. Extended hours appointments are offered from 6.00pm to 8.00pm every Wednesday with a total of six hours covered by two GPs and a practice nurse. Open access GP telephone consultations with a GP are available between 12.00 -12.40 Monday to Friday. The out of hours services are provided by an alternative provider. The details of the out-of-hours service are communicated in a recorded message accessed by calling the practice when it is closed and on the practice website.

# Detailed findings

The practice provides a wide range of services including chronic disease management, antenatal and postnatal care and over 75's health checks. The practice also provides health promotion services including, cervical screening, childhood immunisations, contraception and family planning.

## Why we carried out this inspection

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 15 March 2016. During our visit we:

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

Good

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

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, the practice had reviewed their procedure for checking emergency drugs and updated their medicines management policy after a routine check identified adrenaline stock that was three weeks out of date. Immediate action was taken to replace the expired stock and the incident was investigated as a significant event. The analysis from this highlighted the vulnerabilities of the practice when there had been a change to practice staff and the need to have a named member of staff responsible and accountable for routine checks. Details of medical and safety alerts received by the practice were circulated, discussed and recorded in a specific section of the electronic practice handbook which all staff could access and refer to.

### 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. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff in the electronic practice handbook. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child safeguarding level three and nurses to level two.
- A notice on the electronic board display in the waiting room and in all consultation 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 (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 and a GP partner were the infection control clinical leads 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 nursing staff had received update infection control training in the last 12 months. 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, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms were securely stored and there were systems in place to monitor their use. However, the prescriptions tracking log did not incorporate allocated

distribution. Patient Group Directions (PGD) had been adopted by the practice to allow nurses to administer medicines in line with legislation. (PGD is a written instruction for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment). We saw that all of the required PGD's were in place with the exception of Meningitis C vaccine which the practice rectified immediately.

- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

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

### Arrangements 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 clinical staff had received basic life support training in the last year and non-clinical staff in the last three years, with the exception of those most recently appointed. There were emergency medicines available in the nurses room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. However it was observed that there was no warning notice displayed indicating that an oxygen cylinder was stored. A first aid kit and accident book was available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.

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

Good

# 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 patients' needs. New guidelines and clinical cases were discussed at fortnightly clinical meetings to share learning and minutes were distributed to all clinical staff.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records. The practice regularly updated and adapted standard templates used on the electronic record system to reflect new NICE guidelines. For example, standard templates for patients receiving long term contraceptive injections did not include a section for monitoring osteoporosis risk. The practice updated the standard template to include a prompt for clinical staff to screen patients who had been receiving the injection for more than two years.

### 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 99% of the total number of points available. Exception reporting for atrial fibrillation was 17% (CCG average 12% and national average 11%) which the practice thought may be due to prevalence of patients with contra-indications for taking anticoagulant medicines. The practice considered that this may also be due to a coding issue and anticipated lower exception rate reporting for 2015/16. Exception reporting was higher than the CCG average for peripheral arterial disease (practice rate 10% compared to CCG 5%) and stroke (practice rate 20% compared to CCG 13%). Exception reporting was lower than the CCG average for chronic obstructive pulmonary disease (practice rate 1% compared to CCG 3%) and dementia (practice rate 5% compared to CCG 9%).

(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 related indicators 2014/15 was comparable to other practices nationally.
- Performance for mental health related indicators 2014/15 was comparable to other practices nationally.
- There was evidence of quality improvement including clinical audit.
- There had been nine clinical audits completed in the last two years, two of these were completed audits where the improvements made were implemented and monitored and three audits were in the second cycle stage due to be completed this year. For example, a recent audit had been completed to review patients taking Pregabalin, a medicine used to treat peripheral neuropathy, and ensure they were prescribed the correct preparation of the medicine according to current guidelines. Patients identified that were not prescribed the recommended preparation were invited for review and switched to the correct medicine if appropriate. The subsequent re-audit found improvements had been made as result of the intervention as all patients were then prescribed the appropriate preparation.
- The practice participated in local audits, national benchmarking and peer review.
- Findings were used by the practice to improve services. For example, the practice carried out prescribing audits in line with local guidance and used prescribing data to improve rates of medicines including antibiotics, hypnotics and non-steroidal anti-inflammatory drugs (NSAIDs). As a result the practice prescribing rates for these medicines were in line with national figures for the period July 2014 to June 2015.

Information about patients' outcomes was used to make improvements, for example the practice engaged in local enhanced services to identify patients at high risk of hospital admission using risk stratification tools and invited them for review to discuss and create integrated care plans aimed at reducing this risk. The care plans were agreed with the patient and they were given a copy to keep at

home. All care plans were reviewed and updated annually and following a hospital admission to identify ways to reduce the risk of further admissions. As a result the practice's rate of avoidable admissions was lower than the CCG average. The practice attended quarterly network meetings with other local practices, social services and secondary care consultants including specialists in care of the elderly, mental health and acute medicine. During these meetings complex cases were discussed to share knowledge and expertise with an aim at reducing unnecessary admissions to hospital.

### 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. This covered topics such as safeguarding, fire safety, health and safety, confidentiality and information governance.
- 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 and those providing advice on lifestyle changes and family planning.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, 360 degree feedback, 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, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, health and safety, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

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

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

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a four to six weekly basis, including community nurses, health visitors, diabetic specialist nurses, community matron and palliative care nurses, when care plans were routinely reviewed and updated for patients with complex needs.

### Consent to care and treatment

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

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

### Supporting patients to live healthier lives

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

Good

# Are services effective?

## (for example, treatment is effective)

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and cessation. Patients were signposted to the relevant service.
- The practice nurses had received training in smoking cessation and support was also available at the local smoking cessation service.
- The practice offered lifestyle advice and regular follow-up to patients requiring advice on their weight as well as referral to local weight loss programmes and bariatric services if appropriate.

The practice's uptake for the cervical screening programme was 75%, which was similar to the CCG average of 79% 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. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates 2014/15 for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 78% to 97% (CCG 83% to 94%) and five year olds from 60% to 95% (CCG 70% to 94%).

Patients had access to appropriate health assessments and checks. New patients registering with the practice had the opportunity to book new patient checks and these were actively offered to any new patient over the age of 40 years, on any regular medication and those registering for the first time with a GP in the UK. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. The practice were not participating in NHS Health checks formally as they considered the current evidence based data did not suggest these were effective in reducing morbidity or mortality.

Good

# Are services caring?

## Our findings

**Kindness, dignity, respect and compassion**

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

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

All of the 23 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, friendly, professional and treated them with dignity and respect.

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

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was at or above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 90% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 84% and the national average of 89%.
- 82% of patients said the GP gave them enough time compared to the CCG average of 80% and the national average of 87%.
- 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 92% and the national average of 95%.
- 82% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 88% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 95% of patients said they found the receptionists at the practice helpful compared to the CCG average of 82% and the national average of 87%.

**Care planning and involvement in decisions about care and treatment**

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

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

- 92% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 81% and the national average of 86%.
- 76% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 76% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language. We saw information on the practice website and on the checking in facility in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.

Good

# Are services caring?

**Patient and carer support to cope emotionally with care and treatment**

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer and one of the GPs was the practices carer's champion. The practice had identified 61 patients as carers (almost 1% of the practice list). The practice considered this to be lower than they projected and were in the process of reviewing the data. 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 sent them a sympathy card. This card 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.

Good

# 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. For example, the practice engaged in local schemes aimed to reduce the rates of avoidable hospital admissions in high risk patient groups. These included creating integrated care plans agreed with the patient for those at risk of admission, updating care plans regularly to reflect multi-disciplinary discussion and attending quarterly network multi-disciplinary meetings to discuss complex cases and share expertise with local GPs and secondary care consultants.

- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice offered GP and nurse led chronic disease management for conditions including diabetes, hypertension, asthma and chronic obstructive pulmonary disease (COPD).
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were longer appointments available for patients with a learning disability.
- There were facilities for people with disabilities and translation services available.
- One of the GPs was the lead for mental health and worked closely with secondary services to support patients during transition from secondary to community mental health care.

### Access to the service

The practice was open between 8.30am to 1.00pm and 2.30pm to 6.00pm Monday, Tuesday, Wednesday and Friday and from 8.30am to 1.00pm Thursday. Appointments in the morning were from 9.00am to 11.30am on Monday and from 8.40am to 11.30am Tuesday to Friday. Appointments in the afternoon were from 2.30pm to 5.40pm Monday, Tuesday, Wednesday and Friday. Extended hours appointments were offered from 6.00pm to 8.00pm every Wednesday with a total of six hours covered by two GPs and a practice nurse. Open access GP telephone consultations with a GP are available between 12.00 -12.40 Monday to Friday. In addition to pre-bookable appointments that could be booked up to four 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 was at or above national averages.

- 81% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 83% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

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 saw that information was available to help patients understand the complaints system, for example on posters displayed in reception, in the complaint summary leaflet and on the practice website.

We looked at 16 complaints received in the last 12 months and found they were satisfactorily handled in a timely manner, with openness and transparency and apologies were provided when appropriate. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken as a result to improve the quality of care. For example, following a complaint when conflicting information had been provided by the clinical team regarding management of a patient's skin disorder, the practice reviewed current best practice guidelines, updated the protocol for management of the condition and shared with all clinical staff to ensure they were up to date.

# 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.

- Staff knew and understood the values which were embedded across the practice.
- 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 in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented, continuously reviewed, updated and available to all staff. The practice maintained a comprehensive practice handbook that contained a complete reference to staff of services provided by the practice, including all operational procedures, prescribing and clinical guidelines, policies, community and secondary care services, and external organisations contact details. The handbook also provided electronic links to a variety of national and local guidance for staff to expediently access. The handbook was regularly reviewed and updated when changes occurred. We were told that the handbook was very much valued by staff and extremely useful to new and locum staff.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

**Leadership and culture**

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

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

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

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

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

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

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), the Friends and Family Test (FFT) and through surveys and complaints received. The PPG met twice a year, carried out patient surveys and submitted proposals for improvements to the practice management team. For

# Are services well-led?

Good

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

example, the PPG had proposed information for inclusion in the electronic display board in the practice waiting area. Suggestions included appointment non-attendance statistics and information for carers, both of which had been added.

- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. A practice staff away day was planned for this year to support team development, strategic planning and future vision. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

**Continuous improvement**

There was a focus on continuous learning and improvement at all levels within the practice. The practice manager partner had completed a Master's Degree in Primary Care and both practice nurses had completed the Local Medical Committee (LMC) General Practice Nurse Training programme. The practice were participating in a minor ailments scheme to direct patients to a pharmacist for self-limiting minor conditions and they were planning to conduct a nurse led audit. There were examples where the practice had identified and acted upon systems that could be improved. The practice monitored daily, routine waiting times to see a GP and responded to service demands to improve access. The practice regularly updated templates used on the electronic record system to reflect new NICE guidelines. For example adding osteoporosis screening for patients receiving long term contraceptive injections to the standard template. The practice had plans for further development of the premises and implementation of additional services