

Green Street Green Medical Centre

Quality Report

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

Ratings

Overall rating for this service

Good



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Green Street Green Medical Centre on 15 March 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were not always assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.

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

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

- Ensure that fire drills are undertaken appropriately.
- Ensure that infection control audits are undertaken on a regular basis.

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

- Ensure that electrical equipment checks are undertaken on a regular basis.

Summary of findings

- Ensure that the chaperone processes are in line with guidelines and that staff have been trained and undertake a risk assessment to ascertain if DBS checks are required for all staff who undertake this role.
- Ensure yearly appraisals are performed for all practice staff.
- Ensure that ombudsman information is provided in the response letter for complaints.

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 requires improvement for providing safe services.

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, and a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were not always assessed and well managed. Electrical equipment checks, fire drills and infection control audits were not undertaken on a regular basis.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were in line or for some indicators below average for the locality and national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff; however not all practice staff had yearly appraisals.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey showed patients rated the practice in-line /comparable with others for many aspects of care.

Good



Summary of findings

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice had a dedicated Patient Liaison Officer (PLO) who contacted the carers to provide support and advice and signposted on to local services.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

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

Good



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 were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity.
- 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.

Good



Summary of findings

- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice 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

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 people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice performed advanced care planning and End of life care plans and supported patients who have expressed a wish to die in their own home.
- The practice had a dedicated Patient Liaison Officer (PLO) who worked with the elderly, vulnerable and frail patients. They contacted patients immediately after discharge from Accident and Emergency (A&E) or an unplanned admission to ascertain if they needed any support and also made follow-up calls in three months' time. They acted as a contact point for these patients and for patients over 75 years of age and provided administrative support for doctors by sending out unplanned admissions care plans.

Good



People with long term conditions

The practice is rated as requires improvement 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.
- The national Quality and Outcomes Framework (QOF) data showed that 70% of patients had well-controlled diabetes, indicated by specific blood test results, compared to the Clinical Commissioning Group (CCG) average of 75% and the national average of 78%. The number of patients who had received an annual review for diabetes was 48% which was significantly below the national average of 88%.
- The national Quality and Outcomes Framework (QOF) data showed that 68% of patients with asthma in the register had an annual review, compared to the Clinical Commissioning Group (CCG) average of 74% and the national average of 75%.
- The patients had access to nurse led Asthma and Chronic Obstructive Pulmonary Disease (COPD) clinics.

Requires improvement



Summary of findings

- Longer appointments and home visits were available for people with complex long term conditions when needed.
- These patients had a named GP and most of these patients had a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of urgent care and A&E attendances.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice worked closely with health visitors and routinely informed them of all new family registrations.
- The practice's uptake for the cervical screening programme was 88%, which was above the CCG average of 84% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Good



Working age people (including those recently retired and students)

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

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

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 including homeless people, travellers and those with a learning disability. These patients were flagged in their clinical system.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice had a white board on which the clinicians recorded the names of patients if they had any concerns and discussed these patients with the lead clinician for safeguarding. These concerns were then collated and discussed with the health visitors.

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).

- The number of patients with dementia who had received annual reviews was 94% which was above the Clinical Commissioning Group (CCG) average of 84% and national average of 84%.
- 94% of patients with severe mental health conditions had a comprehensive agreed care plan in the last 12 months which was above the CCG average of 84% and national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

Good



Summary of findings

- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- The practice had access to a counsellor who provided sessions at the surgery where necessary.

Summary of findings

What people who use the service say

The national GP patient survey results published on 7 January 2016. The results showed the practice was performing in line with local and national averages in most areas. Two hundred and sixty seven survey forms were distributed and 129 were returned. This represented approximately 2% of the practice's patient list.

- 64% found it easy to get through to this surgery by phone (Clinical Commissioning Group (CCG) average 70%, national average of 73%).
- 91% were able to get an appointment to see or speak to someone the last time they tried (CCG average 85%, national average 85%).
- 86% described the overall experience of their GP surgery as fairly good or very good (CCG average 82%, national average 85%).

- 81% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 75%, national average 78%).

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

We spoke with 15 patients during the inspection. All patients said they were happy with the care they received and thought staff were approachable, committed and caring.

Green Street Green Medical Centre

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 practice manager specialist adviser and a second CQC inspector.

Background to Green Street Green Medical Centre

Green Street Green Medical Centre provides primary medical services in Orpington to approximately 7100 patients and is one of 48 practices in Bromley Clinical Commissioning Group (CCG). The practice population is in the least deprived decile in England.

The practice population has a lower than CCG and national average representation of income deprived children and older people. The practice population of children and older people are in line with national average, the practice population of working age people are above the national average and the practice population of younger people are below the national average. Of patients registered with the practice for whom the ethnicity data was recorded, 63% are British or Mixed British, 16% White British and 7% Other White.

The practice operates in purpose built premises. All patient facilities are wheelchair accessible. The practice has access to five doctors' consultation rooms and one nurse consultation room on the ground floor.

The practice team at the surgery is made up of two part-time male lead GPs and one part-time female GP who are partners, two part-time salaried GPs (one male and one female), two part-time female practice nurses and one part-time healthcare assistant. The non-clinical practice team consists of one practice manager, one office manager, one practice secretary, six administrative staff and seven receptionists. The practice provides a total of 36 GP sessions per week.

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

The practice reception and telephone lines are open from 8:00am to 6:30pm Monday to Friday. Extended hours are provided from 7:00am to 8:00am on Thursday and 8:30am to 10:30am on Saturday. Appointments are available from 8:30am to 11:30am and 3:00pm to 5:30pm every day.

The practice has opted out of providing out-of-hours (OOH) services to their own patients between 6:30pm and 8:00am and directs patients to the out-of-hours provider for Bromley CCG. The practice had recently signed up to be part of local GP Alliance which provides two appointments each day seven days a week at Primary Care hubs which could be booked in advance.

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

Detailed findings

Why we carried out this inspection

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

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 15 March 2016.

During our visit we:

- Spoke with a range of staff including five reception and administrative staff, the practice manager, four GPs and two practice nurses, and we spoke with 15 patients who used the service including two members of the practice's Patient Participation Group (PPG).
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.

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

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

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

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, a member of the practice staff had noticed higher temperature in the vaccine fridge during a routine fridge temperature check in the morning and immediately isolated the fridge and alerted the practice nurse. The practice then tried to report this incident to Public Health England in accordance with best practice and found that the process had changed. They then checked the patient list to ascertain if they had enough vaccines for booked patients since they had an additional vaccine fridge. The practice destroyed the compromised vaccines and purchased a new vaccine fridge. Following this incident the practice continued daily monitoring of the fridges and kept up to date details of the new reporting process for Public Health England. They also kept contact details of the fridge manufacturer in the temperature book and had arranged for annual fridge maintenance. This incident was discussed and shared with all staff members.

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

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were

accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level 3, Nurses were trained to Safeguarding level 2 and non-clinical staff were trained to Safeguarding level 1. The practice had a white board on which the clinicians recorded the names of patients if they had any concerns and discussed these patients with the lead clinician for safeguarding. These concerns were then collated and discussed with the health visitors.

- A notice in the waiting room advised patients that chaperones were available if required. Not all staff who acted as chaperones were trained for the role or had received a recent Disclosure and Barring Service check (DBS check). However staff who acted as chaperones understood their role. (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). During the inspection the practice applied for new DBS checks online.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place. Infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result; however the audits were not undertaken on an annual basis as required.
- The arrangements for managing medicines, including emergency medicines 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 team, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions (PGD) had been adopted by the practice to allow nurses

Are services safe?

to administer medicines in line with legislation. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment). The practice had a system for production of Patient Specific Directions (PSD) to enable Health Care Assistants to administer vaccinations after specific training when a doctor or nurse were on the premises. (PSDs are written instructions from a qualified and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis).

- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications and registration with the appropriate professional body. The practice used locum bank GPs through the local Clinical Commissioning Group (CCG). The CCG did the necessary recruitment checks on behalf of the practice and notified the practice when locums are removed from the list so they were not used again.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments; however they did not carry out regular fire drills including evacuations. Electrical equipment was not regularly checked to ensure the equipment was safe to use. Following the inspection the practice had

arranged for the electrical equipment check to be undertaken by qualified external contractor and had sent us evidence to support this the next day. Clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All 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.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 86.7% of the total number of points available, with 5.8% 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 2014/15 showed:

- Performance for diabetes related indicators was below the Clinical Commissioning Group (CCG) and national averages. For example, 70% of patients had well-controlled diabetes, indicated by specific blood test results, compared to the CCG average of 75% and the national average of 78%. The number of patients who had received an annual review for diabetes was 48% which was significantly below the CCG average of 78% and national average of 88%. The practice was aware of the poor results and had recently recruited a practice nurse who is currently training to be a specialist diabetic nurse.
- The percentage of patients over 75 with a fragility fracture who were on the appropriate bone sparing agent was 0%, which was significantly below the CCG

average of 95% and national average of 93%. The practice was aware of the poor results and had investigated this and found that these patients were not appropriately coded and we saw evidence that these patients were appropriately prescribed. The practice had appointed a dedicated QOF manager to ensure patients are appropriately coded.

- The percentage of patients with atrial fibrillation treated with anticoagulation or antiplatelet therapy was 95%, which was in-line with the CCG average of 97% and national average of 98%.
- Performance for mental health related indicators was above or in-line the CCG and national averages; 94% of patients had received an annual review in compared with CCG average of 84% and national average of 88%.
- The number of patients with dementia who had received annual reviews was 94% which was above the CCG average of 84% and national average of 84%.
- The number of patients with Chronic Obstructive Pulmonary Disease (COPD) who had received annual reviews was 91% compared with CCG average of 91% and national average of 90%.
- Clinical audits demonstrated quality improvement.
- There had been two clinical audits conducted in the last two years, both these were completed audits where the improvements made were implemented and monitored.
- For example, an audit of prescribing was undertaken to ascertain if patients with a particular skin condition were treated according to local guidelines. In the first cycle they had identified some patients with this skin condition were not treated according to guidance. In the second cycle after changes in practice had been implemented, all the patients with this skin condition were treated according to guidelines.
- Another clinical audit was undertaken to ascertain if patients with a Urinary Tract Infection (UTI) were prescribed antibiotics for the appropriate duration according to best practice evidence. In the first cycle the practice found that many patients with UTI were not prescribed the recommended duration according to their age. In the second cycle after changes in practice had been implemented, there was a significant improvement in the number of patients with UTI who were prescribed the recommended duration according to their age.

Effective staffing

Are services effective?

(for example, treatment is effective)

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

- The practice had an induction programme for all newly appointed staff. It covered topics such as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality, and basic life support.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to online resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs; however not all staff had yearly appraisals in the last 12 months due to the availability of the senior members of staff for good reason. We saw evidence that all staff had regular yearly appraisals in the past. 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, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. We spoke to a member of staff who had started working at the practice as an administrator/receptionist and had been supported and trained to undertake more senior roles in the practice.
- 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. The practice clinical staff had academic half days every two months during which they attended the training offered by the local Clinical Commissioning Group (CCG).

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. The practice had clinical meetings every two weeks where the clinical staff discussed practice and patient issues including care plans, the latest medicine alerts, guideline updates and significant events. We saw evidence that multi-disciplinary team meetings took place on a six-weekly basis and that care plans were routinely reviewed and updated. The practice had a white board on which the clinicians recorded the names of the palliative care patients who were discussed in the multi-disciplinary team meetings.

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 to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

Supporting patients to live healthier lives

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

Are services effective?

(for example, treatment is effective)

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and those with dementia. Patients were then signposted to the relevant service.
- The practice invited all smokers and ex-smokers over 40 years of age for an assessment to screen for Chronic Obstructive Pulmonary Disease (COPD) and a number of patients with an early diagnosis of COPD were identified and managed; this reinforced their need to stop smoking.

The practice's uptake for the cervical screening programme was 88%, which was above the CCG average of 84% 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 demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those

with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to children aged under two years ranged from 74% to 96% and five year olds from 79% to 98%. The flu vaccination rate for the over 65s were 66%, and for at risk groups 48%. These were also comparable to CCG and national averages. The flu vaccination rate for patients with diabetes patients was 83% which was below the national average.

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

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.

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

We spoke with 15 patients including two members of the Patient Participation Group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. 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 in line with or above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 96% said the GP was good at listening to them (Clinical Commissioning Group (CCG) average of 87%, national average of 89%).
- 95% said the GP gave them enough time (CCG average 84%, national average 87%).
- 97% said they had confidence and trust in the last GP they saw (CCG average 95%, national average 95%).
- 92% said the last GP they spoke to was good at treating them with care and concern (CCG average 82%, national average 85%).
- 87% said the last nurse they spoke to was good at treating them with care and concern (CCG average 90%, national average 91%).

- 84% said they found the receptionists at the practice helpful (CCG average 86%, national average 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 on the comment cards we received was also positive and aligned with these views.

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

- 94% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83% and national average of 86%.
- 86% said the last GP they saw was good at involving them in decisions about their care (CCG average 79%, national average 82%).
- 85% said the last nurse they saw was good at involving them in decisions about their care (CCG average 89%, national average 90%).

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

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 1% of the practice list as carers. The practice had a dedicated Patient Liaison Officer (PLO) who contacted the carers to provide support and advice and signposted on to local services.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs 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 population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice offered extended hours surgery on Thursday from 7:00am to 8:00am and Saturday from 8:30am and 10:30am. The practice had recently signed up to be part of local GP Alliance and provided two appointments seven days a week through Primary Care hubs which could be booked in advance; this was suitable for working patients and children who could not attend during normal opening hours.
- The practice offered a text messaging service which reminded patients about their appointments and reviews.
- There were longer appointments available for patients with a learning disability and those with complex long-term conditions.
- The practice had a white board in the back office on which the clinicians recorded the names of patients if they had any concerns and discussed these patients with the lead clinician for safeguarding. These concerns were then collated and discussed with the health visitors.
- Home visits were available for older patients and patients who would benefit from these.
- The practice had a dedicated Patient Liaison Officer (PLO) who worked with the elderly, vulnerable and frail patients. They contacted patients immediately after discharge from Accident and Emergency (A&E) or an unplanned admission to find out if they needed any support and also made follow-up calls in three months' time. They acted as a contact point for these patients and for patients over 75 years of age and provided administrative support for doctors by sending out unplanned admissions care plans.
- Same day appointments were available for children aged under one year and for those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS.
- There were disabled facilities and translation services available.

- The practice invited all smokers and ex-smokers over 40 years of age for an assessment to screen for Chronic Obstructive Pulmonary Disease (COPD) and a number of patients with an early diagnosis of COPD were identified and managed; this reinforced their need to stop smoking.
- The practice provided minor surgical procedures and the practice had a GP with dermatology training who treated skin conditions which reduced the need for going to a hospital.
- The practice provided well person checks and NHS health checks.

Access to the service

The practice was open between 8:00am and 6:30pm Monday to Friday. Appointments were from 8:30am to 11:30am every morning and 3:00pm to 5:30pm daily. Extended surgery hours were offered on Thursday 7:00am to 8:00am and Saturday 8:30am to 10:30am. In addition to pre-bookable appointments that could be booked up to 6 weeks in advance, urgent appointments were also available for people that needed them. The practice had recently signed up to be part of local GP Alliance and provided two appointments each day seven days a week through Primary Care hubs which could be booked in advance.

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

- 74% of patients were satisfied with the practice's opening hours compared to the CCG average of 71% and national average of 75%.
- 64% patients said they could get through easily to the surgery by phone (CCG average 70%, national average 73%).
- 54% patients said they always or almost always see or speak to the GP they prefer (CCG average 57%, national average 59%).

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

Listening and learning from concerns and complaints

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

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

- 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 such as posters in the waiting area and information on the website.

We looked at three complaints received in the last 12 months and these were satisfactorily dealt with in a timely way. We saw evidence that the complaints had been

acknowledged and responded to and letters were kept to provide a track record of correspondence for each complaint. There was no ombudsman information in the response letter sent to patients. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, a patient had complained about accessing appointments and blood results. Following this the practice manager invited the patient for discussion and to address the problems; the learning from this complaint was shared at the staff meeting.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and 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 and were available to all staff
- There was evidence that benchmarking information was used routinely when monitoring practice performance.
- Governance meetings took place every 6 weeks with the partners and practice manager where management, clinical issues, significant events and strategy were discussed. The practice also had a staff meeting every two weeks which was attended by a GP partner.
- 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 partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff. There was a clear leadership structure in place and staff felt supported by management.

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

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

When there were unexpected or unintended safety incidents:

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

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

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

- The practice had recently established a Patient Participation Group (PPG) with 8 members and had held three meetings. We met with two members of the PPG who were very positive about the care and support they received from the practice. They were very happy with the support they received from the practice manager and were interested in recruiting additional members and were organising a PPG open day to recruit more members in the near future. The PPG was performing a patient survey during the visit which was still open. The practice had acted on comments from patients for example the patients had problems regarding missed two week wait referrals; following this the practice changed its procedure to follow up these referrals to ensure that the local hospital had received it.

Are services well-led?

Good 

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

- 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.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>The provider had not ensured that systems and processes are operated effectively to ensure compliance with the requirements in the following areas:</p> <p>The provider had not ensured that fire drills are undertaken appropriately.</p> <p>The provider had not ensured that there was an effective process to ensure infection control audits were undertaken on an annual basis as required.</p> <p>This was in breach of regulation 17(2) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>