

Trinity 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?	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 Trinity Medical Centre on 28 April 2016. Overall the practice is rated as good.

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

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

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

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

- Consider documenting discussion from formal clinical meetings.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.
- The practice shared quality alerts with the local Clinical Commissioning Group (CCG) to enable services to be improved for all.

Good



Are services effective?

The practice is rated as good for providing effective services.

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

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice below average for some aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

Good



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.

- 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 offered a text messaging service which reminded patients about their appointments and reviews.

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 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 knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.

Good



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

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.
- All these patients had a named GP. The practice performed housebound patient reviews annually.
- The GPs visited a local care home on a weekly basis, supporting the needs of the 40 elderly residents.
- The practice staff helped housebound patients with the delivery of prescriptions.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The national Quality and Outcomes Framework (QOF) data showed that 84% 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 93% which was above the CCG average of 86% and national average of 88%.
- The national Quality and Outcomes Framework (QOF) data showed that 76% of patients with asthma on the register had an annual review, compared to the CCG average of 74% and the national average of 75%.
- Longer appointments and home visits were available for people with complex long term conditions when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice had individual care plans for each patient and provided a copy of the care plan for each patient.

Good



Summary of findings

Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of urgent care and Accident and Emergency (A&E) attendances.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 74%, which was below the Clinical Commissioning Group (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. Appointments were prioritised for children.
- The practice offered sexual health clinics and patients from neighbouring practices across the CCG were also able to be seen.

Good



Working age people (including those recently retired and students)

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

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

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments and extended annual reviews for patients with a learning disability; 82% of patients with learning disability had received a health check in the last year.

Good



Summary of findings

- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

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

- The number of patients with dementia who had received annual reviews was 84% which was in line with the Clinical Commissioning Group (CCG) average of 84% and national average of 84%.
- 93% of patients with severe mental health conditions had a comprehensive agreed care plan in the last 12 months which was above the CCG average 84% and national average of 88%.
- The practice had a higher than CCG and national average of patients with severe mental health conditions (112 patients); they actively monitored prescribing of these patients with the support of local community mental health team. The senior GP in the practice was helping in designing an advance primary care mental health pathway for the CCG.
- The practice had access to a counsellor who provided regular sessions at the surgery where necessary.
- 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. Their dementia diagnosis rate for 2015/16 was 84% which was above the national average of 62%.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. The practice referred older children and teenagers to the local wellbeing service for mental health issues.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published on 7 January 2016. The results showed the practice was performing in line with local and national averages. Three hundred and eighty one survey forms were distributed and 116 were returned. This represented 2% of the practice's patient list.

- 63% found it easy to get through to this surgery by phone (Clinical Commissioning Group (CCG) average of 70%, national average of 73%).
- 74% were able to get an appointment to see or speak to someone the last time they tried (CCG average 85%, national average 85%).
- 68% described the overall experience of their GP surgery as fairly good or very good (CCG average 82%, national average 85%).
- 54% 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 79%).

Due to the GP patient survey results the practice had performed a local survey in April 2016 where the results showed significant improvement. For example:

- 84% of patients were either extremely likely or likely to recommend the practice.
- 84% of patients found it very easy or fairly easy to get through the surgery by phone.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received nine comment cards which were all 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 nine patients during the inspection. All patients said they were happy with the care they received and thought staff were approachable, committed and caring.

Trinity 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 advisor, a practice manager specialist advisor and an Expert by Experience.

Background to Trinity Medical Centre

The Trinity Medical Centre provides primary medical services in Penge to approximately 5500 patients and is one of 48 practices in Bromley Clinical Commissioning Group (CCG). The practice population is in the fourth most deprived decile in England.

The practice population has a higher than CCG and national average representation of income deprived children and older people. The practice population of children is similar to the CCG and national average, the percentage of working age people are higher than local and national averages and the population of older people was less than the local and national averages. Of patients registered with the practice for whom the ethnicity data was recorded, 21.2% are Black, 6.8% are Mixed and 6.4% are Asian.

The practice operates in converted premises. The practice is currently being renovated to make all the patient areas wheelchair accessible. The practice has access to two doctors' consultation rooms on the ground floor and two doctors' consultation rooms and one nurse consultation room on the first floor.

The practice team at the surgery is made up of one full-time male GP and one full-time female GP who are

partners, one part-time salaried female GP, three regular part-time locum GPs (two female and one male) and one part-time female practice nurse and one part-time healthcare assistant. The non-clinical practice team consists of practice manager, practice secretary and five administrative and reception staff members. The practice provides a total of 24 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 reception and telephone lines are open from 8:00am till 8:00pm on a Monday and 8:00am till 6:30pm Tuesday to Friday. Appointments are available from 9:00am to 1:00pm and 2:00pm to 6:00pm every day. Extended hours surgeries are offered on Mondays from 6:30pm to 8:00pm.

The practice has opted out of providing out-of-hours (OOH) services to their own patients between 6:30pm and 8am and directs patients to the out-of-hours provider for Bromley CCG. The practice has recently signed up to be part of local GP Alliance and provides two appointments seven days a week through Primary Care hubs which could be booked in advance (Primary Care hubs allows patients access to a GP seven days per week, where the clinician has, with patients' consent, full access to their GP records which allows a full general experience).

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 services, 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 28 April 2016.

During our visit we:

- Spoke with a range of staff including three reception and administrative staff, the practice manager, three GPs and we spoke with nine patients who used the service including one member 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.'

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 did not have an incident reporting policy.
- The practice carried out a thorough analysis of significant events and maintained a log on the computer system.
- The practice shared quality alerts with the local Clinical Commissioning Group (CCG) to enable services to be improved for all.

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 patient had been sent controlled medicine by their pharmacy through repeat prescription. The issue was picked up when the patient contacted the surgery. The practice investigated this incident and found that this medicine was in the patient's repeat prescription which was had not been prescribed by the practice and had been signed by another doctor. The practice contacted the pharmacist, discussed and addressed the issue. Following the incident the practice changed its procedures to ensure controlled medicines were not included in repeat prescriptions. This incident was discussed with all relevant staff members and the pharmacy concerned.

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 Children level 3, nurses were trained to Safeguarding Children level 2 and non-clinical staff were trained to Safeguarding Children level 1.

- Notice in the clinical rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local Clinical Commissioning Group (CCG) pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Their prescribing was significantly low (-12.1%) when compared to other practices in the local CCG. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment). The practice had a system for production

Are services safe?

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, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. The practice regularly used locum GPs and checked that the locum agency had completed the required pre-employment checks.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health, 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.
- The practice had performed a detailed premises suitability risk assessment and were in the process of renovating the premises to address the issues identified. One of the issues identified by us and the practice was restricted access for patients with disabilities; however the practice had detailed plans to improve disability access and toilet as part of renovation.

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 was available.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure, building damage and influenza pandemic. 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.

- Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 98.8% of the total number of points available, with 11.9% clinical exception reporting. During the visit we reviewed a sample of records of patients who had been reported as an exception and found that it was appropriately reported. (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 above the Clinical Commissioning Group (CCG) and national average. For example, 84% 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 93% which was above the CCG average of 86% and national average of 88%. The practice referred these patients to local educational programmes.
- The percentage of patients over 75 with a fragility fracture who were on the appropriate bone sparing agent was 100%, which was above the CCG average of 95% and national average of 93%.

- The percentage of patients with atrial fibrillation treated with anticoagulation or antiplatelet therapy was 100%, which was above 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; 92% of patients had received an annual review compared with the CCG average of 84% and national average of 88%.
- The number of patients with dementia who had received annual reviews was 84% which was in line with the CCG average of 84% and national average of 84%. The practice actively screened patients for dementia in high risk group patients. Their dementia diagnosis rate for 2015/16 was 84% which was above the national average of 62%.
- The number of patients with Chronic Obstructive Pulmonary Disease (COPD) who had received annual reviews was 94% compared with the CCG average of 91% and national average of 90%.

Clinical audits demonstrated quality improvement.

- There had been five clinical audits carried out in the last two years, two of 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 heart failure were prescribed optimised doses of a medicine which improved heart condition. In the first cycle they had identified some patients who were not on the optimised doses of this medicine and those patients were offered an appointment with their usual GP to have their medicine treatment optimised. In the second cycle, after changes in practice had been implemented, fewer patients were not on the optimised dose of this medicine and they had their medicine treatment optimised appropriately.
- Another clinical audit was undertaken to ascertain if vitamin D was prescribed according to guidelines. All patients on vitamin D supplements were reviewed by the practice and they found that some patients were not prescribed the recommended dose. The dosage of vitamin D for these patients was adjusted according to recommended guidelines.
- The practice worked with the Clinical Commissioning Group (CCG) medicines management team and undertook mandatory and optional prescribing audits such as those for antibiotic prescribing.

Are services effective?

(for example, treatment is effective)

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It covered topics such as safeguarding, infection prevention and control, fire safety, health and safety 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. 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. All staff had received an appraisal within the last 12 months. We spoke to a member of staff who had started working at the practice as an administrative and reception staff member and had been supported and trained to undertake more senior roles in the practice.
- Staff received mandatory update training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.

- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan on-going care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. The practice had informal clinical meetings and these were not documented. We saw evidence that multi-disciplinary team meetings took place on a three monthly basis and that care plans were routinely reviewed and updated.

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.

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition, patients with a learning disability and those requiring advice on their diet, smoking and alcohol cessation and those with dementia. Patients were then signposted to the relevant service.

The practice's uptake for the cervical screening programme was 74%, which was below the Clinical Commissioning Group (CCG) average of 84% and the national average of 82%. The practice had devised detailed action plans to improve the uptake which included additional capacity for

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

smear taking and for patients to be able to book appointments during extended hours. 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. The practice offered sexual health clinics in which patients from neighbouring practices across the CCG area were also seen.

Childhood immunisation rates 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 86% to 96% and five year olds from 73% to 99%. Flu vaccination rates for diabetes patients were 93% which was above the CCG average and in line with 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.

Most of the nine patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

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

- 85% said the GP was good at listening to them (Clinical Commissioning Group (CCG) average of 87%; national average of 89%).
- 84% said the GP gave them enough time (CCG average 84%, national average 87%).
- 96% said they had confidence and trust in the last GP they saw (CCG average 95%, national average 95%).
- 72% said the last GP they spoke to was good at treating them with care and concern (CCG average 82%, national average 85%).
- 76% said the last nurse they spoke to was good at treating them with care and concern (CCG average 90%, national average 91%).

- 72% said they found the receptionists at the practice helpful (CCG average 86%, national average 87%).

Due to the GP patient survey results the practice had performed a local survey in April 2016 where the results showed significant improvement. For example:

- 94% of patients rated the care from nurses as either excellent or good.
- 90% of patients rated the receptionists at the practice as either excellent or good.

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. Results were below the local and national averages. For example:

- 79% said the last GP they saw was good at explaining tests and treatments compared to the Clinical Commissioning Group (CCG) average of 83% and national average of 86%.
- 70% said the last GP they saw was good at involving them in decisions about their care (CCG average 79%, national average 82%).
- 71% 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 approximately 1%

Are services caring?

(36 patients) of the practice list as carers. Carers were referred to counselling as required. 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 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 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 for working patients and children who could not attend during normal opening hours. (Primary Care hubs allows patients access to a GP seven days per week, where the clinician has, with patients' consent, full access to their GP records which allows a full general experience)
- There were longer appointments available for patients with a learning disability and those with complex long-term conditions.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- There were disabled facilities and translation services available.
- Homeless people were able to register at the practice.
- The practice offered a text messaging service which reminded patients about their appointments and reviews.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- The practice staff also helped housebound patients with the delivery of prescriptions.
- The practice had a higher than CCG and national average of patients with severe mental health conditions (112 patients); they actively monitored prescribing of these patients with the support of local community mental health team. The senior GP in the practice was helping in designing an advance primary care mental health pathway for the CCG.
- The practice staff helped housebound patients with the delivery of prescriptions.
- The practice offered sexual health clinics and patients from neighbouring practices across the CCG were also able to be seen.

Access to the service

The practice was open between 08:00 and 6:30pm Monday to Friday. Appointments were available from 9:00am to 1:00pm and 2:00pm to 6:00pm daily. Extended hours surgeries were offered on Mondays from 6:30pm to 8:00pm. 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. 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.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment were below the local and national averages.

- 53% of patients were satisfied with the practice's opening hours (Clinical Commissioning Group (CCG) average 71%; national average of 75%).
- 63% 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%).

Due to the GP patient survey results the practice had performed a local survey in April 2016 where the results showed significant improvement. For example:

- 84% of patients found it very easy or fairly easy to get through the surgery by phone.

People told us on the day of the inspection that they were able to get appointments when they needed them. The patients we spoke to said they were able to get regular appointments with a named GP within two working days.

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.

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

- We saw that information was available to help patients understand the complaints system such as information on the website.
- The practice had a complaints flowchart which clearly directed staff of the processes to follow if a complaint was received.

We looked at five complaints received in the last 12 months and these were satisfactorily dealt with in a timely way. We saw evidence that the complaints had been acknowledged and responded to and letters were kept to provide a track record of correspondence for each complaint. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For

example, a patient had complained about the difficulty in making appointments and that the receptionists were rude and unhelpful. The practice had investigated the complaint and found that the patient had called twice to make an urgent appointment and was given an appointment the second time. The practice had apologised to the patient following the complaint. The complaint was discussed with all reception staff members and they were advised to be polite and helpful to patients. They were also advised to contact the GPs to discuss urgent appointments if no urgent appointments were available for the day. Staff were provided with equality and diversity training following this complaint.

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 comprehensive supporting business plans for five years which reflected the vision and values and these were regularly monitored.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities
- Practice specific policies were implemented and were available to all staff. There was a policy folder in the reception. They also had a shared folder in their computer system containing all the practice policies which were regularly updated.
- There was a comprehensive understanding of the performance of the practice. There was evidence that benchmarking information was used routinely when monitoring practice performance. The practice GPs attended the GP cluster meeting with the local Clinical Commissioning Group (CCG) to understand local issues.
- Governance meetings took place monthly with the partners and practice manager where management, clinical issues, significant events and strategy were discussed.
- There was a programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate

care. The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff. There was a clear leadership structure in place and staff felt supported by management.

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

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 gathered feedback from patients through the Patient Participation Group (PPG) and through surveys and complaints received. The practice had an active PPG with eight members which met regularly carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the practice had introduced text message reminders for appointments and the electronic prescribing service.

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.