

Exmoor Surgery

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 Exmoor Surgery on 19 November 2015. 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 mostly said they found it easy to make an appointment 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.

We saw one area of outstanding practice:

The practice carried out ring fenced, regular, monthly reviews of high risk patients including those assessed as at high risk of re-admission to hospital, house bound, under palliative care, with advanced chronic illnesses, and high intensity hospital users. The reviews were part of a wider multidisciplinary approach to care and support for complex and vulnerable patients and involved hour long home-visits by one of the practice's doctors who is the CCG Macmillan Lead GP. A recent full cycle audit of these arrangements has shown a 50% reduction on use of A&E, urgent care centre and community services following intervention for these patients.

The area where the provider should make improvement is:

Summary of findings

Ensure alerts on records for patients on high risk medicines are actioned at the appropriate time in all cases.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events.
- Lessons learned were shared to make sure action was taken to improve safety in the practice.
- When there are unintended or unexpected safety incidents, people receive reasonable support, truthful information, a verbal and written apology and are 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 people safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.
- The monitoring of patients on high risk medicines needed to be more robust to ensure the alerts on patients records were actioned at the appropriate time in all cases.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data showed patient outcomes were at or above average for the locality.
- 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 people's needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data showed that patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.

Summary of findings

- We also saw that staff treated patients with kindness and respect, and maintained confidentiality.
- The practice provided appropriate support for end of life care and patients and their carers received good emotional support.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- It reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, the practice was actively liaising with the CCG on ways to improve the care of patients with mental health problems. It was recruiting on its own initiative a psychiatric nurse to work at the practice alongside the GPs to better manage and improve the care of our these patients.
- Patients mostly said they found it easy to make an appointment 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.
- Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

The practice is rated as good for being well-led.

Good



- It 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.

Summary of findings

- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

Good



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

- The practice offered proactive, personalised care to meet the needs of the older people in its population including a named GP for these patients. The practice was participating in the local 'Whole Systems Initiative', a collaborative care hub involving social, secondary, community and primary care for over 75 year olds.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs. There were ring fenced, regular, monthly reviews of high risk patients with hour long GP home-visits.
- There was a primary care navigator on site to support vulnerable older patients and facilitate access to a range of services.
- The practice had monthly multidisciplinary meetings to discuss at risk patients and plan care and treatment.
- The practice carried out annual Health checks for vulnerable elderly patients including those aged over-85 and living alone.
- Frail elderly patients were referred to the local older persons rapid access clinic (OPRAC) and older adults support team (OAST) which provided step up treatment at home to patients at risk of a hospital admission.

People with long term conditions

Good



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

- The practice performance for the majority of QOF indicators for long-term conditions was above average.
- Patients with these conditions were regularly, pro-actively, called in for reviews.
- The practice provided virtual diabetic clinics in conjunction and supported by one of the local diabetic consultants to review patient notes with the GP, advising on step up in management.
- Longer appointments and home visits were available when needed.
- For those people with the most complex needs, the practice worked with relevant health and care professionals to deliver a multidisciplinary package of care, including participation in a local integrated care pilot for high risk patients.

Summary of findings

- The practice used the local rapid response service to prevent hospital admissions for at risk patients with long term conditions.

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, including a vulnerable children's register. Immunisation rates were comparable to CCG averages for standard childhood immunisations.
- Clinical staff worked closely with the on-site health visitor to ensure good professional links and regular discussion of at risk children and troubled families.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw good examples of joint working with midwives, health visitors and district nurses.
- The practice's uptake for cervical screening was comparable to CCG and national averages.
The practice was participating in the CC4C (Connecting Care for Children) multi-disciplinary group pilot with the CCG and a local NHS acute trust.

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 reflected the needs for this age group. The practice has been identified by the local Public Health team as being one of the highest performing practices in the uptake of NHS Health Checks.
- Services included advice on smoking cessation, sexual health, weight loss and alcohol advice.

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.

Good



Summary of findings

- It had carried out annual health checks for people with a learning disability and offered longer appointments for these patients.
- The practice held a register of vulnerable patients including, those with a learning disability, drug and alcohol problems and impaired capacity.
- The practice used special care plan monitoring for vulnerable patients and regularly worked with multi-disciplinary teams in their case management. It facilitated vulnerable patients' access to various support groups and voluntary organisations through the support of a primary care navigator.
- In conjunction with the local community care provider and community interpreting agency the practice had held be-spoke health education sessions on managing diet and diabetes in three of the local languages; from which groups patients are at high risk (Somali, Arabic and Bengali).
- 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.
- Additional support was provided for homeless and traveller communities, who were also identified as being within the practice's vulnerable groups.

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).

- 87% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months. The practice's 2014/15 QOF performance for mental health related indicators was 100%, above both the CCG and national average.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. The practice actively liaised with the relevant mental health services to better coordinate patient care.
- The practice had undergone a dementia friendly practice assessment. Patients were signposted to befriending and other relevant support services, for example a dementia café.
- The practice carried out advance care planning for patients with dementia. There were longer appointments available for people with mental health problems, including those with dementia.

Good



Summary of findings

- Staff had a good understanding of how to support people with mental health needs and dementia. The partner GP had a special interest in the care and treatment of these patients.

Summary of findings

What people who use the service say

The latest national GP patient survey results published on 2 July 2015 showed the practice was performing in line with local and national averages in most respects. 451 survey forms were distributed and 90 were returned.

- 77% patients said they could get through easily to the surgery by phone (CCG average 85%, national average 73%).
- 89% said they found the receptionists at the practice helpful (CCG average 86%, national average 87%).
- 72% were able to get an appointment to see or speak to someone the last time they tried (CCG average 87%, national average 85%).
- 95% said the last appointment they got was experience of making an appointment as good (CCG average 91%, national average 92%).
- 75% described their experience of making an appointment as good (CCG average 80%, national average 73%).

- 45% usually waited 15 minutes or less after their appointment time to be seen (CCG average 65%, national average 65%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. The majority of the 41 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. Two patients felt that the telephone system was unsatisfactory and one mentioned that waiting times when attending for appointment were sometimes too long.

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

Exmoor Surgery

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, a practice manager, a second CQC inspector and an Expert by Experience. An expert by experience is a person who has personal experiences of using or caring for someone who uses this type of service.

Background to Exmoor Surgery

Exmoor Surgery provides primary medical services through a General Medical Services (GMS) contract to around 3,200 patients living within the London Borough of Kensington and Chelsea in West London. The services are provided from a single location within the St Charles Centre for Wellbeing premises run by the Central London Community Healthcare NHS Trust and the practice is part of NHS West London Clinical Commissioning Group. The population groups served by the practice included a cross-section of socio-economic and ethnic groups. A relatively low proportion of patients (9% of the practice population) are aged over 65. Almost half (46%) of patients are aged between 15 and 44. There are higher than average numbers of mental health patients (double the local, CCG average and almost three and a half times the national average). There are higher than average rates of deprivation within the catchment area compared to CCG and national averages.

The practice is registered to carry on the following regulated activities: Diagnostic and screening procedures; Family planning; Maternity and midwifery services; Surgical procedures and Treatment of disease, disorder or injury.

At the time of our inspection, there were 1.88 whole time equivalent (WTE) GPs comprising the partner GP and four salaried GPs, practice manager partner (0.7 WTE) and deputy practice manager (1.00 WTE) at Exmoor Surgery. The practice also employed two part-time practice nurses (0.4 WTE), a part time health care assistant (0.4 WTE), a part time phlebotomist (0.14 WTE) and four administrative staff (3.1 WTE). The senior partner GP was not undertaking GP sessions at the time of the inspection and was due to retire at the end of December 2015.

The practice is open between 8.00am and 6.30pm Monday to Friday except for half day closing on Thursday afternoon. Appointments are from 8.00am to 12.30pm every morning and 3.00pm to 6.30pm daily with the exception of Thursday afternoon. An extended hours surgery is offered every Saturday from 8.00am to 1.00pm.

There are also arrangements to ensure patients received urgent medical assistance when the practice was closed. Out of hours services are provided by a local provider. Patients are provided with details of the number to call. Patients are also given information about an urgent care centre at the St Charles Hospital site open seven days a week between 9.00am to 9.00pm.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme. We have not inspected the service previously.

Detailed findings

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 that we hold about the practice and asked other organisations to share what they knew. We liaised with NHS West London (Kensington and Chelsea, Queen's Park and Paddington) Clinical Commissioning Group (CCG), local Healthwatch and NHS England.

We carried out an announced visit on 19 November 2015. During our visit we:

- Spoke with a range of staff (the partner GP, a salaried GP, a practice nurse, the phlebotomist, the practice manager and deputy manager and reception staff) and spoke with patients who used the service.
- Observed how people were being cared for and talked with carers and/or family members.
- Reviewed 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 are provided for specific groups of people and what good care looks 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 also a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports national patient safety alerts (actioned under a comprehensive safety alerts protocol) 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 was called for a review of a diagnosed long term condition but was not aware they had been diagnosed with the condition. The practice reviewed the incident and lessons learned included action to ensure doctors communicated better with patients and counselled them about new diagnoses. In the case concerned, the notes in the patient's record clarified the conversation about the patient being at risk and a further blood test confirmed the diagnosis, which the patient accepted. We saw the significant event report for this and the minutes of the clinical meeting when lessons learned from the event were discussed.

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 people 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. One of the GP partners was the lead member of staff for safeguarding. Child protection and safeguarding was a permanent item on

the agenda of practice meetings and we saw evidence in this in a sample of meeting minutes we looked at. 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.

- A notice in the waiting room and in consulting rooms advised patients that staff would act as chaperones, 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. Cleaning services were provided by an external through the building landlords and the practice manager carried out weekly spot checks to ensure cleaning standards were maintained. 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). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions (PSDs) to enable Health Care Assistants to administer vaccinations. We saw evidence of recent PGDs and PSDs, appropriately completed and signed. There were arrangements in place to support the management of patients on high risk medicines, including recall

Are services safe?

procedures for patients on anticoagulants and medicines for rheumatoid arthritis and mental health conditions. However, in one case we looked at the recall alert on the patient's record had not been acted on at the time specified. The monitoring therefore needed to be more robust to ensure the alerts on patients records were actioned at the appropriate time in all cases.

- We reviewed 11 personnel files and found that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed in most respects.

- 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. The practice landlords had up to date fire risk assessments and carried out regular fire drills at the premises. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. There were also 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.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. We saw evidence of discussion

of staffing needs in the minutes of a meeting in my 2015 when the recruitment of a nurse was considered. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. The practice participated in an apprenticeship training scheme and had secured one member of the current administrative staff through the scheme. At the time of the inspection they were in the process of recruiting another apprentice.

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. The equipment was checked regularly and we saw the logs for this. There was also a first aid kit and accident book available.
- Emergency medicines, including an anaphylaxis kit, were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- The practice had a comprehensive business continuity plan 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 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 people's 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 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 95.7% of the total number of points available, with 9.45 exception reporting. 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 CCG and national average: 77.9% compared to 79.8% and 89.2% respectively.
- The percentage of patients with hypertension having regular blood pressure tests was above the CCG and national average: 100% compared to 93.5% and 97.8% respectively.
- Performance for mental health related indicators was above the CCG and national average: 100% compared to 85.3% and 92.8% respectively.
- The dementia diagnosis rate was above the CCG and national average: 75% compared to 71.6% and 74.7% respectively.

Clinical audits demonstrated quality improvement.

- The practice provided evidence of a range of practice-led clinical audits completed in the last year or so, two of which which were completed audits where the improvements made were implemented and monitored.

- Findings were used by the practice to improve services. For example, a recently completed audit of the case management of high risk patients had demonstrated that targeted proactive intense intervention (by seeing such patients once a month for an hour long home visit appointment) can have a significant impact on the reduction of patient activity and reliance on services such as community care, urgent care and A&E.
- The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research.

Effective staffing

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

- The practice had a comprehensive induction programme for newly appointed non-clinical members of staff that covered such topics as health and safety, complaints policy and practice vision, goals and targets. We saw evidence of the induction checklist completed for recently appointed staff on personnel files.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. 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 these learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. We saw from staff records that all staff, apart from those recently recruited, had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules, external 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.

Are services effective?

(for example, treatment is effective)

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets was also available.
- The practice shared relevant information with other services in a timely way, for example when referring people to other services.
- Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis with pharmacists, Social Workers, district nurses, Matron, a primary care navigator and geriatrician input, and that care plans were routinely reviewed and updated. The practice was also participating in the 'connecting for care' multi-disciplinary group pilot with the CCG and a local acute NHS trust. This is an initiative to bring specialist consultant and multi-disciplinary input into localised learning and clinical hubs to provide an additional layer of care for children.

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. Appropriate entries were made in patient records of consent decisions.
- 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, clinicians assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.

Health promotion and prevention

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and those in at risk groups including vulnerable children and adults, and patients with learning disabilities and mental health problems.
- The practice offered a weight management clinic giving advice on how to lose weight and stay healthy. A total of 363 patients had been identified as obese and just under half of these had been provided with specific support including referral to an exercise programme and consideration for eligibility for anti-obesity medicine and fitment of a gastric band. The practice had also previously undertaken collaborative projects with the paediatric dieticians to review patients who were underweight and taking oral nutritional supplements.
- Patients could book an appointment with in house smoking cessation advisers for advice to help them stop smoking. A total of 553 smokers had been identified and just over 90% had been offered cessation advice. Just under 150 smokers had quit smoking in the last 2 months.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme for 2014/15 was 74%, which was comparable to the CCG average of 72% and the national average of 77%. There were appropriate follow up arrangements in place for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 61% to 92% and five year olds from 50% to 79%. These rates were broadly comparable to CCG averages and met the practice's targets apart from the MMR 2 booster which was 14% below the CCG average. Flu vaccination rates for the over 65s were 65%, and at risk groups 42%. These were below national averages but comparable to other practices.

Patients had access to appropriate health assessments and checks. These included health checks for all new patients (100% completed) and NHS health checks for people aged

Are services effective?

(for example, treatment is effective)

40–74 (completed for 75% of eligible patients – the top performing practice in the CCG area). Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed that members of staff were courteous and very helpful to patients and treated people 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 and that 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 majority of the 41 patient CQC 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 also spoke with the interim chair 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 above average for many of its satisfaction scores on consultations with doctors and nurses but below average in some areas. For example:

- 90% said the GP was good at listening to them compared to the CCG average of 89% and national average of 89%.
- 88% said the GP gave them enough time (CCG average 85%, national average 87%).
- 93% said they had confidence and trust in the last GP they saw (CCG average 94%, national average 97%).
- 94% said the last GP they spoke to was good at treating them with care and concern (CCG average 86%, national average 85%).

- 83% said the last nurse they spoke to was good at treating them with care and concern (CCG average 87% national average 90%).
- 89% 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 that 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 in line with local and national averages. For example:

- 93% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% and national average of 86%.
- 87% said the last GP they saw was good at involving them in decisions about their care (CCG average 81% , national average 81%)

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. Staff also spoke several languages.

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. Additional support was provided to elderly and vulnerable patients by a primary care navigator who attended the practice one day a week and facilitated access to a range of external support services.

The practice's computer system alerted GPs if a patient was also a carer and the practice maintained a register of such patients. Patients on the register who have not been seen within a three month period were proactively contacted to confirm they were well. Written information was available to direct carers to the various avenues of support available to them.

Are services caring?

The practice provided appropriate support for end of life care and patients and their carers received good emotional support.

Staff told us that if families had suffered bereavement, their usual GP contacted them to offer emotional support and signpost external support services. Two patients we spoke with valued the bereavement support the practice had provided.

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 appointments up to 6.30pm every weekday except Thursday for working patients and school children. In addition, they offered a five hour surgery on Saturday morning for those who found it difficult to attend during the week.
- There were longer, 20 minute, appointments available for patients with a learning disability and those on the practice's chronic disease register.
- Home visits were available for older patients / patients who would benefit from these.
- Same day appointments were made available for children under 16 years of age, pregnant women and those with serious medical conditions.
- There were disabled facilities, including a hearing loop, and a CD or large print version of the practice leaflet for blind or partially sighted patients. Translation services were available and ten different languages were spoken within the staff team.
- The staff room was set aside as a breast feeding room during baby clinics to encourage mothers to breast feed.
- The practice worked closely with and has received training from the strategic health facilitator for learning disabilities. All 14 patients on the learning disabilities register had received an annual health check. The practice used an illustrated annual health check invite to explain the health check procedure to these patients.

Access to the service

The practice was open between 8.00am and 6.30pm Monday to Friday except for half day closing on Thursday afternoon. Appointments were from 8.00am to 12.30pm every morning and 3.00pm to 6.30pm daily with the exception of Thursday afternoon. An extended hours surgery was offered every Saturday from 8.00am to 1.00pm. One third of appointments were pre-bookable up to eight weeks in advance, a third were pre-bookable up to 48 hours in advance and a third were available to book on the day. On-line booking of appointments was available for all

GP and nurse appointments except for on the day appointments. The practice had also introduced from August 2015 a telephone consultation service for all patients to improve access to their GP.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages. Eighty four percent of patients were satisfied with the practice's opening hours compared to the CCG average of 79% and national average of 75%.

- 77% patients said they could get through easily to the surgery by phone (CCG average 85%, national average 73%).
- 75% patients described their experience of making an appointment as good (CCG average 80%, national average 73%).
- 45% patients said they usually waited 15 minutes or less after their appointment time (CCG average 65%, national average 65%).

People told us on the day and in CQC comment cards that they were mostly able to get appointments when they needed. Two patients felt that the telephone system was unsatisfactory and one mentioned that waiting times when attending for appointment were sometimes too long. The practice acknowledged that when only one GP was on duty, complex medical problems or medical emergencies delayed subsequent appointments. When a surgery was delayed by more than 20 minutes the reception staff made an announcement, informed patients as they arrived and put a message onto the scrolling text display.

The practice produced a monthly patient newsletter to engage patients and involve them in the practice activities. It was available on-line as well as at the practice. It contained information regarding access, flu clinics, health checks, the PPG and changes to the staff team. It was informative and well presented.

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. A complaints leaflet was available to patients and included a section where patients could record their complaint details before submitting it to the practice. There was a notice in the waiting area in seven different languages advising patients if they wanted to make comments, compliments and complaints and offering a complaints leaflet in these languages.
- All complaints were logged onto the practice intranet system, and the complaints process tracked for each entry including category, status, agreed end date, lessons learnt and actions required.

We looked at a summary of 15 complaints received in the last 12 months and minutes of team meetings where

complaints had been discussed and actions or learning outcomes had been agreed. Complaints were dealt with in a timely and satisfactory manner ensuring that the patient was engaged in the process throughout. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. For example, a patient complained when a receptionist told her that she could not book a telephone consultation for the following day. The practice manager spoke to the patient and apologised. The complaint was discussed at the practice meeting and all staff reminded that telephone appointments can be booked in advance. The discussion was minuted for reference.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- Staff knew and understood the values and the practice had drafted a mission statement which had been shared with staff and the PPG. Subject to CCG feedback, the statement would be displayed in the waiting areas and on the practice website.
- 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 :

- 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.
- A comprehensive understanding of the performance of the practice.
- A programme of continuous clinical and internal audit which is used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership, openness and transparency

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 that they were approachable and always take the time to listen to all members of staff.

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

When there were unexpected or unintended safety incidents:

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

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

- Staff told us that the practice held regular team meetings.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and 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.

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.

- It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met on a regular basis, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, The PPG identified the need for measures to be introduced to reduce the "did not attend" (DNA) rate which was running at 11.6%. Following a patient survey to establish why people do not attend, a DNA policy was produced in agreement with the PPG which included sanctions up to possible de-registration from the practice. After 6 months the DNA rate has dropped to 8.4%, and the practice planned another audit after 12 months.
- The practice had also gathered feedback from staff through staff away days and generally through staff meetings, appraisals and discussion. Staff told us they

Are services well-led?

Good 

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

would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff said they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example:

- The practice was participating in the Whole Systems Initiative a collaborative care hub involving social, secondary, community and primary care for over 75 year olds.
- The practice was part of an Integrated Care Pilot to provide an enhanced level of multidisciplinary team and specialist consultant input for high risk patients.
- The practice was also participating in the CC4C (Connecting Care for Children) multi-disciplinary group pilot with the CCG and a local NHS acute trust. This was an initiative to bring specialist consultant and multi-disciplinary input into localised learning and clinical hubs to provide an additional layer of care for children.
- In addition the practice was in the process of embarking on a Problematic Poly Pharmacy pilot with the CCG medicines management team.