

St James 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 on 18 August 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 been trained to provide them with 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. Improvements were made to the quality of care as a result of complaints and concerns.

- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- 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.

The areas where the provider should make improvement are:

- To review the system to improve outcomes for patients with diabetes.
- Review how they identify carers to ensure their needs are known and can be met.
- Review processes for inviting women to attend for a cervical smear test to increase the numbers who attend.

Summary of findings

Ensure the complaints policy and responses comply with requirements of The Local Authority Social Services and NHS Complaints (England) Regulations 2009.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



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

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or below the national average. The practice had identified areas of low QOF performance and had taken action to make improvements.
- 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 other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice in line with 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 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 responded to comments in the NHS friends and family test by installing a display in the reception area showing the name and session times of clinicians who were working that day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice had recently purchased a wheelchair for patient use.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised.
- Not all complaint responses contained contact details of the local health service ombudsman or other avenues to pursue for patients who were not happy with the outcome of their complaint.
- Learning from complaints was shared with staff and other stakeholders.

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 it.
- 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.

Good



Summary of findings

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice worked closely with a local care home and a local hospice to review and monitor the care of these patients. The GPs carried out weekly ward rounds which were coordinated with the community pharmacist and practice medical note summariser.
- The practice offered dedicated cancer care reviews and counselling support from a qualified psychotherapist. In the previous year 44 patients with a cancer diagnosis had attended a counselling session.

People with long term conditions

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

Good



- The practice was below local and national averages for performance indicators relating to diabetes, for example The practice were aware of their low performance in this area and had recently employed a specialist diabetic nurse who had set up a weekly Saturday clinic for patients with diabetes.
- Longer appointments and home visits were available when needed.
- The practice had developed a chronic obstructive pulmonary disease (COPD) rescue pack for patients experiencing acute symptoms before they were able to see their doctor, this pack contained relevant emergency instructions and contact details.
- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- 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.

Summary of findings

Families, children and young people

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

Good



- 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 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 72%, which was below the Clinical Commissioning Group and national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

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).

Good



- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice had responded to patient satisfaction levels with the practice's opening hours by opening on Saturday from 8.00am to 1.00pm.

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



- 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 for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.

Summary of findings

- 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 practice offered counselling and psychotherapy sessions with a qualified psychotherapist for patients and staff.
- 77% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which was comparable to the national average of 84%.
- The practice was below local and national averages for other performance indicators relating to mental health, based on data from 2014/2015. For example 21% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the record in the preceding 12 months, compared to the Clinical Commissioning Group average of 85% and the national average of 88%. The practice had identified this as an area for improvement. Unpublished and unverified data based on 2015/2016 showed that the practice had improved performance in this indicator to 86%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- 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 published on 7 July 2016. The results showed the practice was performing in line with local and national averages. Three hundred and seventy-one survey forms were distributed and 114 were returned. This represented 1% of the practice's patient list.

- 68% found it easy to get through to this surgery by phone compared to the local Clinical Commissioning Group (CCG) average of 73% and a national average of 73%.
- 81% were able to get an appointment to see or speak to someone the last time they tried (CCG average 84%, national average 85%).
- 76% described the overall experience of their GP surgery as fairly good or very good (CCG average 82%, national average 85%).
- 65% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 75%, national average 78%).

As part of our inspection we also asked for Care Quality Commission comment cards to be completed by patients prior to our inspection. We received 49 comment cards, 44 of which were positive and 5 were mixed about the standard of care received. Patients said they were treated with dignity and respect by staff and that they received a high standard of care from doctors and nurses. Of the five mixed responses, two were negative about the attitude of reception staff and three patients said they sometimes found it difficult to book an appointment.

We spoke with eight patients during the inspection. All patients said they were happy with the care they received and thought staff were approachable, committed and caring. The practice used the Friends and Family Test to seek patients views on the practice, all of the 29 patients who had completed feedback said they would recommend the practice to a friend or family member.

St James Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC Lead Inspector. The team included a GP specialist adviser and a second CQC inspector.

Background to St James Medical Centre

St James Medical Centre is based in Croydon. The practice list size is 9809. The practice population is very diverse and the practice is in an area in London of high deprivation. The practice had a Personal Medical Services (PMS) contract.

The practice operates from two locations, one on St. James's Road, with a branch on Castle Hill, both in central Croydon. Both are converted premises. All patient facilities are wheelchair accessible and there are facilities for wheelchair users including an accessible toilet, and a hearing loop. The Castle Hill practice has access to two doctors' consultation rooms, one nurse consultation room and one health care assistant consultation room on the ground floor. The St. James's Road practice has access to three doctors' consultation rooms, one nurse consultation room and one healthcare assistant consultant room on the ground floor.

The staff team comprises one male GP partner, one non-clinical partner, two female salaried GPs and two former salaried GPs working as locums. There are two female practice nurses, one female diabetic specialist nurse and one female health care assistant. The non-clinical staff includes a practice manager, two senior receptionists, 14 reception staff and one note summariser. The practice was a training practice and supported final year medical students.

The practice is open between 08.00am and 6.30pm on weekdays and appointments are available throughout the day. The practice is also open between 08.00am and 1.00pm on Saturdays. When the practice is closed patients are automatically directed from the practice telephone to the NHS 111 service and are also directed to the nearby Minor Injuries Unit and a GP Health Centre, both open from 2pm to 8pm daily. This information is also available on their website and in the practice leaflet.

The practice is registered as a partnership with the Care Quality Commission (CQC) to provide the regulated activities of; treatment of disease, disorder or injury; diagnostic and screening procedures and maternity and midwifery services. These regulated activities are provided at both locations.

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 18 August 2016.

Detailed findings

During our visit we:

- Spoke with a range of staff including the practice partners, salaried doctors, the practice nurse, practice manager and non-clinical staff, and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

- Is it well-led?

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events. For example, following an incident at the practice, the practice partner employed an external HR consultant to investigate the incident. Training was provided for all staff in managing difficult situations.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, one patient raised a concern with a doctor that they had not been offered a chaperone at a previous consultation. The patient did not formally complain but the practice subsequently discussed this at a clinical meeting and contacted the patient with an apology. In response to the incident the staff team were given refresher training in chaperoning.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. 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, minutes of these meetings were seen. Evidence was seen of appropriate referrals being made where the practice was concerned about a child or vulnerable adult. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. Reception staff told us that they were made aware of safeguarding concerns about patients and would alert clinical staff if a vulnerable patient was attending the practice. The practice kept a safeguarding register and alerts had been set up on patient records. GPs, nurses and physiotherapist staff were trained to child protection or child safeguarding level 3 and adult safeguarding level 3, and administrative staff to level 1.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (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 most recent infection control audit was carried out by an external contractor in January 2016 and the practice had scored 100% and 92% at the main surgery and branch respectively.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local Clinical

Are services safe?

Commissioning Group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and 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. (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).
- We reviewed seven personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- 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 and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

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

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. For example the practice had conducted an audit of patients with chronic obstructive pulmonary disease (COPD) based on NICE best practice guidelines.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 78% of the total number of points available, compared to the Clinical Commissioning Group (CCG) average of 94% and the national average of 95%, with an exception reporting rate of 5.1% (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 an outlier for several QOF (and other national) clinical targets. Data from 2014/2015 showed:

- Performance for diabetes related indicators was below local and national averages. For example, 59% of patients had well-controlled diabetes, indicated by specific blood test results, compared to the CCG and national average of 78%.
- The number of patients who had received an annual review for diabetes was 63% compared to the CCG average of 87% and the national average of 88%.

- Performance for mental health related indicators was below CCG and national averages. For example, 21% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the record in the preceding 12 months, compared to the CCG average of 85% and the national average of 88%.
- The number of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 77% compared to the CCG average of 85% and the national average of 84%.

The practice was aware that its QOF performance from 2014/2015 was below the local and national averages in a number of areas. They told us they had addressed this by improving the way it coded various conditions and delegating responsibility for individual measures to different members of the clinical team, based on their role. They told us that this had had a beneficial effect of the whole staff team being involved in practice performance. They had also provided training to the practice medical note summarizer in "summarising medical records and QOF" and employed a diabetic specialist nurse who introduced a Saturday clinic for patients with diabetes.

Unpublished and unverified QOF data seen at the inspection for the year 2015/2016 indicated that the practice had improved its performance for some clinical targets including mental health indicators, which had improved from 37% of the points available in 2014/2015 to 76% of the points available in 2015/2016. However the more recent data indicated diabetes related indicators had not significantly improved.

There was evidence of quality improvement including clinical audit.

- There had been four clinical audits carried out in the last two years, two of these were completed audits where the improvements made were implemented and monitored. Audit activity was reviewed at clinical meetings and outcomes shared with relevant staff.
- Findings were used by the practice to improve services. For example, recent action taken followed an audit of patients with chronic obstructive pulmonary disease (COPD), who were using an inhaled corticosteroid (ICS). The first cycle of the audit identified 11 such patients

Are services effective?

(for example, treatment is effective)

who were recalled, assessed and prescribed more appropriate treatments. The second cycle of the audit found the number of patients with COPD using an ICS had decreased to one.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, the practice nurses had recently received training updates in medical terminology, prescription medicines, spirometry, inhaler technique, ear care and diabetic foot care. Reception staff had been recently trained in customer service, and all staff had received training in the Mental Capacity Act 2005.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice kept a resources folder in each clinical room containing operational procedures and policies, practice leads and social services contact details. The practice nurse told us she had contacted the local safeguarding team to find out what their out of hours contact details were, and these had been added to the resources folders.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- Regular meetings were held with the community matron, district nurse, social worker and community pharmacist. The GPs at the practice coordinated visits to patients living in a local nursing home with the community pharmacist.

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

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 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 patient records audits.

Supporting patients to live healthier lives

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

Are services effective?

(for example, treatment is effective)

- One of the practice partners was a qualified psychotherapist who offered counselling and psychotherapy sessions to patients and staff. In the previous 12 months, 19 patients and five staff members had made use of this service. In addition to this, 44 patients diagnosed with cancer had attended the practice for a cancer care review and counselling sessions.
- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation were signposted to the relevant service.

The practice's uptake for the cervical screening programme was 72%, which was below the Clinical Commissioning Group (CCG) and national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they

ensured a female sample taker was available. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results. 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 averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 80% to 87% compared to the CCG averages of 85% to 93%, and five year olds from 68% to 93%, compared to the CCG averages of 69% to 92%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients 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.
- One staff member told us that after a patient had fallen outside the premises they had walked them home to ensure they did so safely.

Of the 49 patient Care Quality Commission comment cards we received, 44 were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

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

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

- 83% of patients said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG) average of 87% and the national average of 89%.
- 69% of patients said the GP gave them enough time compared to the CCG average of 84% and the national average of 87%.
- 88% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and the national average of 95%.

- 75% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 82% and the national average of 85%.
- 82% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% and the national average of 91%.
- 81% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

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

- 81% of patients said the last GP they saw was good at explaining tests and treatments compared to the Clinical Commissioning Group (CCG) average of 84% and the national average of 86%.
- 67% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 79% and the national average of 82%.
- 72% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 84% and the national average of 85%.

The practice had not reviewed the results of the national GP patient survey and had not looked at ways to improve patient experience.

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

Are services caring?

- 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.
- Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 55 patients as carers (less than 1% of the practice list). 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. Two members of the patient participation group commented that the practice had treated them with sensitivity, respect and dignity during times of bereavement.

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 carried out routine home visits for patients with chronic obstructive pulmonary disease (COPD) who were unable to attend the practice, this included flu vaccination, health check and spirometry. This was shared with the local CCG and as a result other local practices had adopted this approach.
- The practice had developed a COPD rescue pack for patients experiencing acute symptoms before they were able to see their doctor, this pack contained relevant emergency instructions and contact details.
- The practice was open between 08.00am and 6.30pm on weekdays and appointments were available throughout the day. The practice was also open between 08.00am and 1.00pm on Saturdays for working patients who were not able to attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.
- The practice had recently purchased a wheelchair for patient use.
- The practice had considered comments made as part of the NHS Friends and Family Test and as a result had introduced a sign in the reception area with a daily list of GP and nursing staff who were working and what time their sessions were.
- The practice had employed staff members who could speak Turkish, Tamil, Urdu, Hindi and Malay all of which were prevalent languages among their patient population.

Access to the service

The practice was open between 8.00am and 7.00pm Tuesday to Friday, and between 8.00am and 8.00pm on Monday. Appointments were from 9.00am to 1.00pm and from 4.00pm to 7.00pm daily, with extended hours until 8.00pm on Monday and between 8.00am to 1.00pm on Saturdays. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

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

- 61% of patients were satisfied with the practice's opening hours compared to the Clinical Commissioning Group (CCG) average of 75% and the national average of 76%.
- 68% of patients said they could get through easily to the practice by phone compared to the CCG average of 73% and the national average of 73%.

The practice had responded to patient satisfaction levels with the practice's opening hours by introducing a Saturday clinic from 8.00am to 1.00pm. The practice had also appointed five additional reception staff in the previous year. People told us on the day of the inspection that they were able to get appointments when they needed them. The practice had increased the number of telephone lines coming in to the practice further to comments made by patients in the NHS Friends and Family Test.

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were generally in line with recognised guidance and contractual obligations for GPs in England, however response letters

Are services responsive to people's needs?

(for example, to feedback?)

did not always provide details of the local health service ombudsman or other avenues for patients to pursue if they are not happy with the outcome, as required by The Local Authority Social Services and NHS Complaints (England) Regulations 2009.

- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system including a poster and a form in the reception area, as well as information on the practice website and in the practice leaflet.

We looked at 12 complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way, and displayed openness and transparency with dealing with the complaint.

Lessons were learnt from individual concerns and complaints. For example, one patient had complained about being told they did not attend for a recent appointment, when in fact they had left without being seen and had informed staff at the time. The practice responded to this by ensuring that reception staff record such occurrences in patient notes, as well as on the practice appointment system.

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 mission statement was documented in a resources folder in each clinical room.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored. The practice had submitted plans to the local authority for planning permission to extend the building to provide more facilities for patients.

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.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- Staff development was a priority at the practice and two receptionists had been promoted to the role of senior receptionist in the last year.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

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

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

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

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. We noted team away days were held every 6 months.
- 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. For example following a suggestion from a staff member the practice had arranged training for all staff in the use of one of the computer programmes used.
- Staff told us that levels of communication and flexibility of staff working between the main practice and the branch practice had recently improved.

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 PPG met regularly, carried out patient surveys and submitted

Are services well-led?

Good 

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

proposals for improvements to the practice management team. For example, the PPG had drafted a template letter to send to patients who did not attend for appointments more than three times.

- The practice had gathered feedback from staff through staff away days and generally through staff meetings, appraisals and discussion. Staff told us they would not

hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run. For example the practice nurse had taken a lead for ensuring that resource folders in each clinical room were up to date, and a patient resource folder in the reception area was also updated.