

Sidcup 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?

Requires improvement



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 Sidcup Medical Centre on 30 November 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 practice had identified 61 patients as carers which was below 1% of the practice list.
- Results from the national GP patient survey showed the practice's achievement was below the national averages for its satisfaction scores on consultations with GPs and nurses. For example: 68 % of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 76 % of patients said the GP was good at listening to them compared to the national average of 88%.

Summary of findings

The areas where the provider should make improvements are:

- Improve the identification of carers to ensure their needs are known and can be met.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When 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.

Good



Are services effective?

The practice is rated as good for providing effective services.

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

Good



Are services caring?

The practice is rated as requires improvement for providing caring services.

- The practice had identified 61 patients as carers which was less than 1% of the practice list.
- Results from the national GP patient survey were below the national averages where patients responded to questions about their involvement in planning and making decisions about their care and treatment. For example: 74 % of patients said the last GP they saw was good at explaining tests and treatments below the national average of 86%.

Requires improvement



Summary of findings

- 69 % of patients said the last GP they saw was good at involving them in decisions about their care below the national average of 82%.
- 73 % of patients said the last nurse they saw was good at involving them in decisions about their care below the national average of 85%.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

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

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.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- An alert on patient records highlighted elderly patients who were particularly vulnerable.
- The practice looked after eight care homes, with over 500 care home residents. We spoke to five managers of the care homes the practice looked after. The managers informed us the practice worked in partnership and in terms of visits the GPs and one of the practices nurses visited on a weekly basis.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- There were alerts for long term conditions on patient records.
- At 86%, the percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2015 to 31/03/2016) was above the CCG average of 81% and national averages of 78%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice had online appointment booking and prescription requests.
- The practice had a palliative care register with monthly reviews taking place.

Good



Families, children and young people

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

Good



Summary of findings

- 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.
- At 82%, the percentage of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding 5 years (01/04/2015 to 31/03/2016) was comparable to the CCG and national averages of 83% and 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies. Children and babies were prioritised for same day appointments.
- We saw positive examples of joint working with health visitors.
- A range of family planning services were provided including hormone implants.

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- Same day appointments were available.
- The practice was open from 8am to 1pm and then from 1.00pm to 6.30pm Monday to Friday. There was also an early morning clinic from 7am to 8am twice a week and a late night clinic from 6.30pm to 8.30pm once a week to accommodate working people.
- Telephone consultations were available.
- Online appointment booking and prescription requests was available.

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. There was also an alert on the patient records where a patient was identified as vulnerable.
- 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.
- 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).

- 94% 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 (01/04/2014 to 31/03/2015). This was comparable to the CCG average of 94% and the national average of 88%.
- Patients with severe mental health conditions were offered weekly appointments with a named GP.
- 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 were published on 6 July 2016. The results showed the practice was performing in line with local and national averages. 291 survey forms were distributed and 113 were returned. This represented a 38% response rate and 1.3% of the patient list.

- 64% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 63% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 77% of patients described the overall experience of this GP practice as good compared to the national average of 85%.

- 63% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 24 patient Care Quality Commission comment cards which of 23 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. One highlighted concerns with the length of time for waiting to get an appointment.

Areas for improvement

Action the service **SHOULD** take to improve

- Improve the identification of carers to ensure their needs are known and can be met.

Sidcup Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and a GP specialist adviser.

Background to Sidcup Medical Centre

The practice is based within Church Avenue Surgery, 2 Church Avenue, Sidcup, Kent, DA14 6BU and had a branch site surgery located two miles away. The practice is situated in a residential area and car parking was available to the front of the premises.

The practice staff includes one male and one female GP partners completing a total of 14 sessions per week, two male and one female salaried GPs completing a total of 19 sessions per week, two female advanced nurse practitioners completing 15 sessions per week and two female practice nurses completing 32 hours per week, one female healthcare assistant completing 25 hours per week, a practice manager and a team of reception/administrative staff.

The practice was open from 8am to 1pm and then from 1pm to 6.30pm Monday to Friday. There was also an early morning clinic from 7am to 8am twice a week and a late night clinic from 6.30pm to 8.30pm once a week to accommodate working people. Outside of these hours, cover was provided by the out of hours GP service which operated from 6.30pm to 8am, seven days a week and the NHS 111 service.

The practice looked after eight care homes, with over 500 care home residents.

Sidcup Medical Centre is one of a number of GPs covered by Bexley Clinical Commissioning Group (CCG). It has a practice list of around 8500 and Bexley is in the seventh least deprived decile. The practice provides services to patients under a Personal Medical Services contract (an agreement between NHS England and general practices for delivering personal medical services). The practice looked after five care homes, with over 500 care home residents. The practice has significantly more females over 85 than the national average and more males over 85.

The practice provides the following regulated activities:

- Treatment of disease, disorder or injury;
- Maternity and midwifery services;
- Family planning;
- Diagnostic and screening procedures

The practice was inspected on 28 August 2013 when it was not meeting the requirements relating to staff recruitment. The practice made changes and was found to be meeting the requirements relating to staff recruitment at a follow up inspection carried out on 24 January 2014.

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.

Detailed findings

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 30 November 2016.

During our visit we:

- We spoke with three GPs and one practice nurse and reception/administrative 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 a 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.

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, following an incident where a patient had been prescribed the wrong medication due to a typing error, the incident was discussed and the opportunity to reflect and change practice was identified by the practice. The incident was discussed at the weekly clinicians' meeting as well as the monthly practice meeting and an instruction was for all GPs to check all prescriptions before authorising them. There had not been a repetition of such an incident since.

National patient safety alerts were disseminated by email and discussed in clinical meetings and then placed onto the practice computer system, which all staff had access to. We saw that the practice had responded to Medicines and Healthcare Products Regulatory Agency (MHRA) alerts to ensure best practice.

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 were two lead GPs for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three. Nurses were also trained to level two. Non-clinical staff were trained to level one.
- A notice in the waiting room and consulting rooms advised patients that chaperones were available if required. Information about chaperones was available in the practice leaflet. All clinical staff who acted as chaperones were trained for the role and clinical staff who acted as chaperone 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). It was practice policy that DBS checks were not to be completed for the non-clinical staff team who were actively chaperoning. The practice had carried out a comprehensive risk assessment regarding this and these staff followed strict guidelines. Staff informed us that non-clinical members of staff would not be left alone in the clinical room with the patient while they were chaperoning. We were fully satisfied that the risk assessment was thorough and included a variety of scenarios.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. One of the GP partners 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. The most recent was in September 2016. We saw evidence that

Are services safe?

action was taken to address any improvements identified as a result. For example, recommendations were made to ensure the flooring seal was maintained and this was completed by the practice.

- 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. Prescription pads were kept in a locked cupboard in reception—pad numbers were logged in on receipt and out when taken by GP or nurse. The practice manager checked uncollected prescriptions weekly. Prescriptions which were older than one week were returned to the GP to follow up with the patient.
- 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. One of the nurses had qualified as an Independent Prescriber. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. PGDs provide a legal framework that allows registered health professionals to supply and/or administer a specified medicine(s) to a pre-defined group of patients, without them having to see a GP. The Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction (PSD) from a prescriber. (PSDs are written instructions from a qualified and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis).
- We reviewed three 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. The most recent one was carried out in July 2016 and the last fire drill was completed in November 2016.

- 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 last test was carried out in February 2016. Portable appliance testing had taken place in November 2016. 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). The last legionella risk assessment was in January 2016.
- 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. Cover for sickness, holidays and busy periods was provided in house. No locums had been used within the previous year.

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. They had a buddy system with

Are services safe?

another practice within a five minute walk of the practice and access to the branch site. Copies were available on the practice's computer system and in the employee handbook.

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.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.
- Clinical staff attended monthly protected time initiatives funded by the CCG. They also attended locality meetings which were attended by other local practices. Clinical guidelines and protocols were discussed at both of these meetings. All clinicians fed back summaries of learning from all events they attended at practice meetings.

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 100% of the total number of points available. Exception reporting was at 11.2% (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) was higher than the CCG average of 10.1% and the national average of 9.2%. This was discussed with the lead GP who informed that all exception reporting read codes were added by two designated GP partners and the reasons why the exception reporting was high was because for patients with long term conditions, if they did not attend their appointment after three invitations or their annual review as per the QOF rules, the practice exception reported them. This system of exception reporting was also applied to patients invited for their annual flu vaccination and after three invites they

were exception reported. The partners also met at the end of the QOF year and audited patients' medical records to ensure exception reporting was done on clinical grounds only and a reason was added in free text to the clinical records explaining the exception reporting. We checked a sample of five records and found the reasons were recorded.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 1 April 2015 to 31 March 2016 showed:

- Performance for diabetes related indicators was above the national average. For example the percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 91% against the national average of 88%.
- The percentage of patients on the register who had had an influenza immunisation in the preceding 1 August to 31 March was 98%, above the national average of 94%.
- Performance for mental health related indicators was similar to the national average. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 94%, above the national average of 88%.

The percentage of patients with atrial fibrillation with CHADS2 score of 1, who were treated with anticoagulation drug therapy or an antiplatelet therapy (01/04/2014 to 31/03/2015) was 84% comparable to the CCG average of 84% and the national average of 86%.

There was evidence of quality improvement including clinical audit.

- There had been four clinical audits carried out in the last two years, three of these were completed audits where the improvements made were implemented and monitored
- Findings were used by the practice to improve services. For example, recent action taken as a result included an audit on lithium, a high risk medicine and monitoring of blood tests. During the first cycle it was identified that

Are services effective?

(for example, treatment is effective)

five out of 12 patients did not have a blood test. However, during the second cycle significant improvements had been made as a result of increased monitoring as one patient out of 12 did not have a blood test.

Information about patients' outcomes was used to make improvements such as: there was diabetes management for patients, with a diabetic specialist nurse visiting the practice once a month. One of the GPs was a diabetic specialist and the practice was also part of a CCG project to improve the day to day care of people with type two diabetes by giving them information on the disease with an aim to self-manage. This meant more patients could be monitored and supported at the practice rather than at external services.

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. Both of the nurses were trained to advanced nurse practitioner level. Nurses also attended regular update training in cervical screening and immunisation. All clinical staff were encouraged to attend local monthly protected education events where they received education and updates from the Clinical Commissioning Group (CCG).
- 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, and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services. The GPs also had direct access to their clinical system at the care homes they looked after and could also make referrals.

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. For example where a vulnerable patient was to be discharged from hospital, the practice notified the community matron who visited the patient in hospital and carried out an assessment to ensure suitable arrangements were in place before discharge.

Multi-disciplinary team (MDT) meetings took place on a monthly basis where care plans were routinely reviewed and updated for patients with complex needs. They were attended by the District Nurses and Community Psychiatry Nurses. Health visitors were met with on a six weekly basis and there were quarterly palliative care meetings.

The practice kept a list of all patients who were at risk of unplanned admissions to hospital. A risk assessment was carried out monthly to identify any new patients to add to the list. These patients were discussed at weekly clinical meetings. All discharges and A&E attendances were reviewed to identify any necessary changes to be made to their care plans.

Are services effective?

(for example, treatment is effective)

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:

- 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 and substance misuse. Patients were seen in specialist clinics run by the practice itself or were signposted to the relevant local service. For example, the practice worked with CMC 'coordinate my care' and electronically recorded patients' wishes and how they would like to be cared for. The practice had 150 patients under CMC and devised care plans for those who were expected to die in the next 12 months and those who were at risk of admission to hospital.
- Patients identified as requiring extra support were flagged on the computer system and prioritised for appointments.

The practice's uptake for the cervical screening programme was 82%, which was comparable to the CCG average of 83% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. 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. For example, for females aged 50-70 who were screened for breast cancer in last 36 months (3 year coverage) practice performance was at 83% which was above the CCG average of 74% and the national average of 72%. Screening for bowel cancer for persons aged 60-69 in last 30 months (2.5 year coverage) was at 53% which was comparable to the CCG average of 55% and the national average of 58%.

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 2.9% to 90% and five year olds from 62% to 87%.

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. The practice manager kept lists of patients with conditions such as learning disabilities, mental health and long term conditions. This included the dates reviews were due and whether a referral had been made if the patient had failed to attend their review. 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.

We received 24 patient Care Quality Commission comment cards which of 23 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. One highlighted concerns with the length of time for waiting to get an appointment.

We met with two members of the PPG group, one of which was the chair. The members informed us the group met every two months and had eight members. A GP and the practice manager attended the meetings. They spoke of positive changes and of arranging fund raising events including a raffle, quiz nights, pamper evenings to raise money to install baby changing facilities at the main and branch site surgeries. Water coolers were also installed for staff and patients, which the PPG funded.

There was also a virtual PPG and members received meeting minutes and also had the option to attend face to face meetings. PPG members attended flu uptake days, to encourage patients to receive the vaccination. The PPG also produced a newsletter and informed patients about recent events and any changes to the staff team.

We also spoke to five managers of the care homes the practice looked after. The managers informed us the practice worked in partnership and in terms of visits the GPs and one of the practices nurses visited on a weekly basis.

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

- 76% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) and national average of 88%.
- 70% of patients said the GP gave them enough time compared to the CCG average of 83% and the national average of 86%.
- 90% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 68% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 81% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 91% of patients said they found the receptionists at the practice helpful compared to the CCG average of 85% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

On the day 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.

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

- 74% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 82% and the national average of 86%.

Are services caring?

- 69% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 73% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language. We saw 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 61 patients as carers (below 1% of the practice list). A poster on display in the waiting area advised patients to identify themselves to the practice if they were carers. Patients who were carers were flagged on the practice's computer system and prioritised for appointments where necessary. 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 and sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, having recognised the need to increase dementia diagnoses, the practice had successfully increased its level of screening and subsequent referrals to services such as talking therapies.

The practice had registered seven homeless patients and also worked in partnership with the social services department to ensure these patients were correctly signposted to relevant support services.

There was a learning disability register with 78 patients. The purpose of the register was to contribute to clinically audits, to ensure these patients had their annual checks and were recalled in for their health checks. To date 48 patients out of the 78 had received their health checks and the remaining had been scheduled.

- The practice offered evening appointments until 6.30pm Monday to Friday and a morning and evening clinic for working patients who could not 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.

Access to the service

The practice was open from 8am to 1pm and then from 1.00pm to 6.30pm Monday to Friday. There was also an early morning clinic from 7am to 8am twice a week and a

late night clinic from 6.30pm to 8.30pm once a week. Outside of these hours, cover was provided by the out of hours GP service which operated from 6.30pm to 8am seven days a week and the NHS 111 service.

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

- 72% of patients were satisfied with the practice's opening hours compared to the national average of 79%.
- 64% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

People told us on the day of the inspection that they were able to get appointments when they needed them and the triaging and GP call back system had made the service more accessible. Two PPG members we spoke to informed us they had found the triage system very positive and that GPs always called back within the hour.

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.

Patients who required a home visit were advised to contact the practice before 10am. The GP would then contact the patient or carer in advance to gather information to allow for an informed decision to be made on prioritisation according to clinical need. 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. The practice advised that children should be brought in to the practice as they would be prioritised for appointments rather than waiting for a home visit. 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 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.
- The practice manager was the 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. For example, information was available in the practice leaflet which was on display and given to new patients. A comments and complaints box was in reception.

We looked at four complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way and with openness and transparency. Lessons were learnt from individual concerns and

complaints and also from analysis of trends and action was taken as a result to improve the quality of care. For example, in response to a complaint concerning their experience when requesting an appointment, the patient was written to with an apology and a description of the action that would be taken. All complaints and learning were discussed at monthly practice meetings as were also reviewed on a quarterly and annual basis to identify any themes and trends.

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's mission statement was to provide continued good health and approach patients' care with professionalism, discretion and friendliness.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

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

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with

patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported by the GPs 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.
- Staff were encouraged to develop in their careers and were well supported by the practice management to do so. For example, staff were supported to attend training courses and further their skills.

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 and submitted proposals for improvements to the practice management team.
- The practice had gathered feedback from staff 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.

Continuous improvement

Are services well-led?

Good 

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

There was a 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. Examples

included a pilot which focussed on improving care for patients with type two diabetes and providing them with information and guidance to encourage them to self-manage their care.