

Kingfisher 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?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Kingfisher Medical Centre on 1 June 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 with a system in place for reporting and recording significant events, although this was not being used consistently.
- Risks to patients were assessed and well managed, except in relation to responding to medical emergencies.
- 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 must make improvement are:

- Ensure that the quality of care is monitored and improved through audits.
- Ensure that all staff receive an annual appraisal.

Summary of findings

The areas where the provider should make improvement are:

- Ensure that 'near miss' events are managed using the practice's significant event process, so that learning can be recorded and monitored to ensure improvements are sustained, and that prescription slips are stored securely at all times and that complete records of their use are kept.
- Complete the planned purchase of emergency equipment, or document a robust assessment to consider and mitigate the risks of not having a defibrillator in the practice, so that appropriate action can be taken in medical emergencies.
- Ensure that all staff receive an induction and all of the required and recommended training, including fire safety and adult safeguarding.
- Develop the quality improvement programme, and consider repeating audits to confirm that improvements have been made and sustained. Continue to monitor and take action to improve patient satisfaction with aspects of consultations.
- Review how patients with caring responsibilities are identified and recorded on the clinical system to ensure information, advice and support is made available to them.
- Ensure consistent monitoring of use of blank prescription forms and pads.

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 a system in place for reporting and recording significant events, although this was not being used consistently.
- 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 requires improvement for providing effective services.

Requires improvement



- 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 were used to check the practice's performance, for example on prescribing against national guidance.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans. Most staff had not had an appraisal in the last 12 months, but we saw evidence that these were planned.
- 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



- The practice team had reviewed and were acting to improve, following data from the national GP patient survey that showed patients rated the practice below others for various aspects of care.

Summary of findings

- Patients told us that they were happy with the care they received. 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 confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- 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.
- 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.

Good



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.

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.
- Performance for diabetes related indicators was mixed, with performance in most areas in line with national average, but fewer than average numbers of patients were recorded as having well-controlled blood sugar.
- 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.

Good



Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of 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.
- 78% of women aged 25 - 64 had a cervical screening test in the last five years, compared to the national average of 82%.

Good



Summary of findings

- 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).

- 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.
- Fewer patients than from other practices attended for cancer screening tests. For example, 54% of women aged between 50 and 70 were screened for breast cancer screening (compared to the CCG average of 63% and the national average of 72%).

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments 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.

Good



People experiencing poor mental health (including people with dementia)

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

Good



Summary of findings

- 83% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the national average of 84%.
- 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.

Summary of findings

What people who use the service say

The national GP patient survey results were published on 6 January 2016. Four hundred and ten survey forms were distributed and 90 were returned. This represented just under 2% of the practice's patient list. The results showed the practice was performing in line with local and national averages.

- 85% of patients found it easy to get through to this practice by phone (compared to the national average of 73%).
- 74% 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%).
- 79% of patients described the overall experience of this GP practice as good (compared to the national average of 85%).
- 76% 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%).

The practice uses the 'Friends and Family' test. Between April 2015 and March 2016 the practice received 349 responses. In the 'Friends and Family' test patients are asked how likely they are to recommend the practice. Three hundred and twenty eight people said that this was extremely likely or likely. Six people said that they would be unlikely or extremely unlikely to recommend the practice.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 28 comment cards which were all positive about the standard of care received, although four cards said that different aspects of the practice could be improved.

We spoke with 12 patients during the inspection. All of the patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

Kingfisher Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead Inspector. The team included a GP specialist adviser, a second CQC inspector and an Expert by Experience.

Background to Kingfisher Medical Centre

Kingfisher Medical Centre has two surgeries: Kingfisher Medical Centre and Surrey Docks Health Centre in Lewisham, south London. Patients can visit either location and the same staff (apart from one receptionist) work at both surgeries. Both buildings are purpose-built. The Surrey Docks Health Centre building also houses another GP practice and a number of community services. Although parking is limited at both sites, the area is well-served by public transport.

Two doctors work permanently at the practice: one male and one female. They are both partners. There is one GP who works as a regular locum (who is male). Not all of the GPs work full-time. Full time doctors work eight sessions per week. The practice has 18 GP sessions per week.

There is one female practice nurse who works part-time (20 hours per week).

The practice is open for telephone calls (at both locations) from 8.00am to 6.30pm Monday to Friday. Reception is open from 8.30am to 6.30pm.

Appointments are available from 9am to 12.30pm and 3.30pm to 6.30pm Monday to Wednesday. On Thursday appointments are available from 9am to 12.30pm, and on

Friday from 9am to 12.00pm and 3.30pm to 6pm. Appointments are also available from 6.30pm to 7.30pm on Monday evenings. When the practice is closed cover is provided by a local out-of-hours care provider.

There are approximately 4682 patients at the practice. Compared to the England average, the practice has more young children as patients (age up to nine) and fewer older children (age 10 – 19). There are more patients aged 20 – 49, and many fewer patients aged 50+ than at an average GP practice in England.

Life expectancy of the patients at the practice is in line with CCG and national averages. The practice population scores highly on national measures of deprivation: with a score of three out of ten (with one being the most deprived), and high scores on measures of income deprivation affecting older people and children. Compared to the English average, many more patients are unemployed.

The practice has large number of patients who moved to London from Vietnam in the mass emigrations of the the 1970s and 1980s, and who speak Vietnamese as their first language.

The practice holds a General Medical Service (GMS) contract and is registered with the CQC to provide diagnostic and screening procedures, maternity and midwifery services, surgical procedures, treatment of disease, disorder or injury. The practice is based in the Lewisham Clinical Commissioning Group area.

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

Detailed findings

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 1 June 2016. During our visit we:

- Spoke with a range of 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 recording and learning from 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 they identified.

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, after a patient died doctors discussed the case and updated their knowledge of sepsis.

Only two significant events had been recorded and managed using the practice procedure. Staff members struggled to give us examples of significant events, and we heard of a 'near miss' that had not been managed using the practice's significant event process, although appropriate review and learning had taken place.

Overview of safety systems and processes

The practice had 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. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and nurses were trained to child protection or child safeguarding level 3 and non-clinical staff to level 1. Staff members gave us appropriate explanations (according to their role) of their responsibilities for safeguarding adults, but the files we checked showed that not all staff (including GPs) had completed any formal training.

- 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.
- There were arrangements for managing medicines, including emergency medicines and vaccines (including obtaining, prescribing, recording, handling, storing, security and disposal), but not all of these had been consistently followed. Blank prescription forms and pads were securely stored upon arrival into the practice, but not once they had been taken into clinical rooms. There were systems in place to monitor their use within the practice, but recording had not always taken place consistently, with some large gaps in the records. 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 CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Patient Group Directions (PGDs) had been adopted by the practice to

Are services safe?

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 review personnel files to assess whether 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 (DBS). Almost all of the staff working at the practice were employed prior to 2013 when the provider registered with the CQC. We reviewed five personnel files. All members of staff employed after 2013 had had all the appropriate checks. For all staff (including those employed prior to 2013) checks had been made on proof of identification, registration with the appropriate professional body and 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. The practice carried out regular fire drills. A fire risk assessment had not been completed for some time, but arrangements had been made to have one carried out. 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.
- During the inspection, we found that the practice did not have complete cover for their patients out of hours, as reception opened 30 minutes after the out of hours service contract ended. Practice staff explained that this had been overlooked as the arrangements dated back a number of years. Before the end of the inspection, arrangements had been made to ensure that patients always had access to medical care.

Arrangements to deal with 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.
- 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.
- A first aid kit and accident book were available.
- At the time of the inspection the practice did not have a defibrillator or oxygen on the premises and had not formally assessed how they would respond to medical emergencies requiring this.. After the inspection, the practice decided to obtain a defibrillator and oxygen and sent us evidence of their research.
- 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.
- 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 92% of the total number of points available, which is comparable to the local CCG (Clinical Commissioning Group) average of 93% and the national average of 95%. Data from 2014/15 showed:

- Performance for diabetes related indicators was mixed, with performance in most areas in line with national average, for example:
- 79% of patients with diabetes had well controlled blood pressure (compared to the national average of 78%).
- 93% of patients with diabetes had an influenza immunisation (compared to the national average of 94%).
- 80% of patients with diabetes had well controlled total cholesterol (compared to the national average of 81%).
- 94% of patients with diabetes had a foot examination and risk classification (compared to the national average of 88%).

However, 66% of patients with diabetes, on the register, in whom the last IFCC HbA1c is 64 mmol/mol or less in the

preceding 12 months (compared to the national average of 78%). IFCC HbA1c is a blood test that measures how well blood sugar has been controlled. It's important to control blood sugar if you have diabetes, to reduce complications.

- Performance for mental health related indicators was similar to the national average.
- 83% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan (compared to the national average of 88%).
- 93% of patients with schizophrenia, bipolar affective disorder and other psychoses had their alcohol consumption recorded (compared to the national average of 90%).
- 83% of patients diagnosed with dementia had a face-to-face review of their care (compared to the national average of 84%).
- 96% of patients with physical and/or mental health conditions had their smoking status recorded (compared to the national average of 94%).

The practice told us that planned to increase its practice nurse capacity over the next 12 months, to improve management and support of patients with long term conditions. The practice was already training a member of the reception staff to act as a health care assistant.

There was evidence of quality improvement including some clinical audit.

- There had been two clinical audits carried out in the last two years. None of these were completed audits where the improvements made were implemented and monitored. Both audits were prescribing audits designed and managed by the CCG.
- The practice participated in research. For example, the practice took part in a study to investigate whether self-sampling would increase rates of cervical screening, which was published in May 2016.
- The practice participated in local quality improvement initiatives, for example the Lewisham multi-disciplinary reflective learning programme to improve prescribing practice. As a result of their involvement, the practice made a number of changes, including amending the quantities of medicine prescribed so that patients had fewer, better synchronised, prescriptions to manage.

Are services effective?

(for example, treatment is effective)

Effective staffing

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

- The practice had undergone considerable change in the last three years with partners leaving and retiring and a number of changes in administration and reception staff. The previous practice manager left following a review of the practice management. There was an experienced practice manager at the time of the inspection on a part-time interim basis, who had been in post for a few months. The practice manager had already taken measures to improve some areas (for example acquiring an e-learning package to improve access to mandatory training) and told us of his plans to improve other systems and processes.
- 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. We saw that this had been completed for the most recently recruited member of staff, but not for those recruited between 2012 and 2014.
- 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. There was a system of appraisals, but this had lapsed, and staff files we checked showed that some staff had not received an appraisal since 2013. We heard that appraisals had been scheduled for all staff and that these would, in future, be annual.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering 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.

- Staff received training that included: safeguarding, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training. From the records that we checked, most, but not all staff had completed fire 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.

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.

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

Are services effective?

(for example, treatment is effective)

care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and add your example. Patients were signposted to the relevant service, for example dieticians.

The practice encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Take up was mixed, with cervical cancer screening rates in line with the national average and rates for bowel cancer screening below average:

- 32% of patients age 60 – 69 were screened for bowel cancer within 6 months of invitation, compared to 43% with 55% nationally.
- 40% of patients age 60 – 69 were screened for bowel cancer in last 30 months, compared with 58% nationally.
- 78% of women aged 25 – 64 had a cervical screening test in the last five years, compared to the national average of 82%. The practice were aware that their rates of screening for some cancers were below average, and were working to increase these.

The practice had identified cancer screening rates as an area of improvement several years ago and had a system to contact women who had not attended by telephone, letter, and text message, and when they attended for

consultations. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages 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 identified lower uptake of cancer screening by their patients of Vietnamese origin, and was considering running open evenings to explain to the process and benefits of different cancer screening to these patients.

Childhood immunisation rates for the vaccinations given were generally comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 20% to 96% and five year olds from 52% to 98%. Local childhood immunisation rates for the vaccinations given to under two year olds ranged from 10% to 93% and five year olds from 71% to 94%.

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.

All of the 28 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with five 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, but the practice was below average for its satisfaction scores on some aspects of consultations with GPs and nurses. For example:

- 72% 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%).
- 67% of patients said the GP was good at giving them enough time (compared to the CCG average of 83% and the national average of 87%).
- 92% 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%).
- 79% 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 last nurse they spoke to was good at treating them with care and concern (compared to the national average of 91%).
- 81% of patients said they found the receptionists at the practice helpful (compared to the CCG average of 87% 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 most patients responded positively to questions about their involvement in planning and making decisions about their care and treatment, although results were below local and national averages. For example:

- 71% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83% and the national average of 86%.
- 65% 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%.
- 74% 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%.

In response to this, the practice designated one of the partners the lead for patient satisfaction.

We were told that this GP had looked at all of the feedback available and was working with clinical and non-clinical colleagues to improve the patient experience. The practice team had not carried out its own survey but were monitoring other sources of feedback (including the 'Friends and Family' test and NHS Choices). Feedback via these routes had been positive, and the practice team hoped this would be reflected in the next national GP patient survey.

In the 'Friends and Family' test patients are asked how likely they are to recommend the practice. Between April 2015 and March 2016 the practice received 349 responses.

Are services caring?

Three hundred and twenty eight people (94%) said that this was extremely likely or likely. Six people said that they would be unlikely or extremely unlikely to recommend the practice.

The practice team told us of plans to increase the length of all GP consultations to allow more time to involve patients in their care.

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.
- To support the large number of patients who speak Vietnamese the practice provided written information about its services and had a Vietnamese advocate based within the surgery for several sessions each week.

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 35 patients as carers (under 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.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

- The practice offered evening appointments one day per the week 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 and translation services available.

Access to the service

The practice was open for telephone calls (at both locations) from 8.00am to 6.30pm Monday to Friday. Reception was open from 8.30am to 6.30pm.

Appointments were available from 9am to 12.30pm and 3.30pm to 6.30pm Monday to Wednesday. On Thursday appointments were available from 9am to 12.30pm, and on Friday from 9am to 12.00pm and 3.30pm to 6pm.

Appointments were also available from 6.30pm to 7.30pm on Monday evenings. When the practice is closed cover was provided by a local out-of-hours care provider.

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.

- 75% of patients were satisfied with the practice's opening hours compared to the national average of 78%.

- 85% 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.

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. Any patient requested a home visit received a telephone call from a GP 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. 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.
- 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.

We looked at two complaints received in the last 12 months and found that these were satisfactorily handled.

The GP lead for patient satisfaction and the practice manager reviewed and responded to all comments made on the NHS Choices website. Any negative comments were logged so that lessons could be learnt from individual concerns and also from analysis of trends and action was taken to as a result to improve the quality of care. When the practice manager and the GP lead for patient satisfaction identified several negative comments regarding staff attitude, extra training was provided.

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 on the practice website and staff knew and understood the values.
- The practice had a strategy and was developing supporting business plans.

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
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions (with the exception of responding to medical emergencies, which was reviewed after the inspection).

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. A staff 'away day' had been arranged.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- 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 proposals for improvements to the practice management team. For example, the PPG suggested that information for patients in the reception area could be improved, which was acted upon by the practice.
- 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.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

| Regulated activity | Regulation |
|--|--|
| Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury | <p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>The provider had not ensured that the quality of care is monitored and improved through audits.</p> <p>This was in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> |
| Regulated activity | Regulation |
| Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury | <p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>How the regulation was not being met:</p> <p>The registered person did not ensure that all staff received an annual appraisal.</p> <p>This was in breach of regulation 18(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> |