Crosslands Surgery

Quality Report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this service	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Crosslands Surgery on 21 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 and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvement are:

- The practice should monitor and reduce the frequency of long waits in reception and provide information to patients about likely delays.
- The practice should consider developing a website to provide patients with more detailed information about the service and practice news.

Summary of findings

- The practice had only identified 14 carers at the time of the inspection. The practice should aim to ensure that patients who are carers are identified and their needs assessed.

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?

Good

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.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed the practice tended to be at or above average for most indicators.
- In 2014/15 the practice scored below average for diabetes indicators but could show how it was responding by improving its diabetic review process.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients consistently rated the practice higher than others for many aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were fully involved in decisions about their care and treatment.

Summary of findings

- The only aspect of the service that attracted consistent criticism was the frequency and length of waits on arrival at the surgery.
- Information for patients about the services available was easy to understand and accessible at the practice. The practice had not developed its own website for patients.
- We saw staff treated patients with kindness and respect, and took care to protect patients' confidentiality.

Are services responsive to people's needs?

Good

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.

Are services well-led?

Good

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.
- 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

Summary of findings

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

Summary of findings

The six population groups and what we found

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

Older people

Good

The practice is rated 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.
- The practice provided the seasonal flu vaccination for patients over 65 and the shingles and pneumococcal vaccinations for eligible older patients.
- The practice had assigned a member of staff as lead for liaison with local pharmacies about patients who required medicines compliance aids.

People with long term conditions

Good

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

- The practice kept registers of patients with long term conditions. These patients had a named GP and a structured annual review to check their health and medicines needs were being met. The practice operated a call-recall system to encourage patients to attend for their review.
- The prevalence of diabetes was high locally. The practice had implemented a dual appointment system for diabetic reviews - with patients seeing the health care assistant for preliminary tests before their review with the GP. The practice also offered insulin initiation.
- Even so, practice performance for diabetes related indicators tended to be significantly lower than the CCG and national averages. For example, 59% of practice diabetic patients had blood sugar levels that were adequately controlled compared to the CCG average of 69% and the national average of 78%.
- The practice participated in a local scheme to avoid unplanned admissions which included patients with multiple long term conditions. Patients identified as at risk were reviewed and had a personalised care plan. Cases were discussed at regular multidisciplinary meetings.
- The practice was carried out in-house spirometry testing to identify cases of COPD.

Summary of findings

- The practice had a designated member of staff whose role included liaising with the local pharmacies to ensure any prescription changes, for example when requested by specialist teams, were actioned safely and effectively.

Families, children and young people

Good

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.
- Children and young people were treated in an age-appropriate way and were recognised as individuals.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice ran a weekly walk-in clinic for pre-school children and babies which was staffed by a health care assistant, practice nurse and GP. Families were welcome to attend with questions, queries, for routine checks as well as any health problems.
- We saw positive examples of timely communication and referral to health visitors and other community health services.

Working age people (including those recently retired and students)

Good

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 and flexible.
- The practice was open for extended hours both during the early morning and evening. Nurse and GP appointments were available at these times. The practice offered daily telephone consultations with a GP.
- The practice was proactive in offering online services as well as a full range of health promotion and screening reflecting the needs for this age group. Patients could also sign up to the practice text messaging service.

Summary of findings

- 75% of eligible women registered with the practice had a recorded cervical smear result in the last five years compared to the CCG average of 78% and the national average of 82%.

People whose circumstances may make them vulnerable

Good

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

- The practice offered longer appointments for patients with a learning disability. Patients with learning disability were offered a comprehensive check covering medical, physical, psychological and social wellbeing and care.
- 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.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients. One of the practice GPs was the safeguarding lead for the clinical commissioning group acting as a contact and source of advice to other practices in the area.

People experiencing poor mental health (including people with dementia)

Good

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

- Clinical staff had attended dementia case-finding training in 2015. The practice provided a shared care service for patients with dementia, working alongside the specialist dementia service in the area, for example, co-prescribing medicines.
- 79% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the national average of 84%.
- For patients with a diagnosis of psychosis, 16 of 34 (47%) had attended a face to face review of their care in the last 12 months. This was significantly lower than the CCG and national averages, both 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental

health and participated in the 'Shifting the setting of care' scheme. This meant for example, that patients could regularly access a specialist mental health worker or nurse at the practice.

- 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.

Summary of findings

What people who use the service say

The national GP patient survey results were published on January 2016. The results showed the practice was performing in line with or above the national average. The survey distributed 317 survey forms by post and 112 were returned. This represented 1% of the practice's patient list (and a response rate of 35%).

- 87% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 81% 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%.
- 81% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 80% 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 participated in the 'Friends and family' feedback survey. The most recent results showed that 93% of participating patients would recommend the practice.

We spoke with 13 patients during the inspection and three members of the patient participation group. Patients we spoke with understood the practice appointment system and told us that the triage system was reliable and the duty doctor always called back the same morning. Several patients told us they found the advice given over the phone was helpful. Routine appointments or appointments to see a preferred doctor were available within two weeks.

Patients were positive about the quality of consultations and the helpfulness of reception staff. They gave us many examples of being involved in decisions; informed about medicines and receiving written information and tips about managing conditions or lifestyle advice. Some patients told us the practice was aware of their cultural needs, for example checking whether patients with diabetes were fasting for religious reasons. One patient told us they greatly valued being able to book consultations with a doctor who spoke Punjabi.

The most consistent criticism from patients was about waits on arrival in the practice which we were told tended to run between 10-30 minutes. This was reflected to some extent in the national GP patient survey:

- 59% of patients said they normally have to wait too long to be seen compared to the national average of 35%.

Areas for improvement

Action the service SHOULD take to improve

The areas where the provider should make improvement are:

- The practice should monitor and reduce the frequency of long waits in reception and provide information to patients about likely delays.
- The practice should consider developing a website to provide patients with more detailed information about the service and practice news.
- The practice had only identified 14 carers at the time of the inspection. The practice should aim to ensure that patients who are carers are identified and their needs assessed.

Crosslands Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC inspector**.** The team included a GP specialist adviser and an 'expert by experience'.

Background to Crosslands Surgery

Crosslands Surgery provides NHS primary medical services to around 7500 patients in the Norwood Green and Heston areas of Southall, West London through a 'personal medical services' contract. The service is run from one surgery.

The current practice clinical team comprises five GP partners (male and female), three salaried GPs (male and female) and two practice nurses. The practice employs a phlebotomist and a health care assistant who also take on reception duties. The practice employs a practice manager, administrative and reception staff. The GPs provide around 37 sessions a week in total.

The practice is a training practice providing fixed-term posts for trainee GPs with appropriate supervision and support.

The practice telephone lines are open from 8.00am until 6.30pm Monday to Friday. The practice offers appointments starting at 7.00am on Monday, Tuesday and Thursday and from 9.00am on Wednesday and Friday. The latest appointments are generally available until 6.00pm although there are also late evening surgeries until 8.00pm every Monday and Wednesday. The practice is closed over the weekend.

The practice offers telephone triage and consultations, online appointment booking and an electronic prescription service. The GPs make home visits to see patients who are housebound or are too ill to visit the practice.

When the practice is closed, patients are advised to use a contracted out-of-hours primary care service if they need urgent primary medical care. The practice provides information about its opening times and how to access urgent and out-of-hours services in the practice leaflet, on the NHS Choices website and on a recorded telephone message.

The practice population profile is broadly similar to the English national average. The population is characterised by average levels of income deprivation, disability, employment rates and life expectancy. The local population is ethnically diverse with a large local Indian community by cultural background.

The practice is registered with the Care Quality Commission (CQC) to provide the regulated activities of diagnostic and screening procedures; family planning; maternity and midwifery services; and treatment of disease, disorder and injury.

CQC has not previously inspected this practice.

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 21 June 2016. During our visit we:

- Spoke with a range of staff including the GP partners, a practice nurse, the practice manager and a health care assistant/receptionist.
- We spoke with 13 patients who used the service and three members of the patient participation group.
- Observed how patients and carers were greeted at the practice, inspected the facilities and reviewed the information available for patients.
- Reviewed an anonymised sample of the personal care or treatment records of patients.

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.

Good

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 significant events and carried out an annual review.

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 a mix-up between patients with similar names, the practice added an alert to the records of patients with similar names to make staff aware of the need to take particular care. The practice protocol in relation to checking patients' details to confirm identification before providing any intervention was also reviewed in a staff meeting.

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. One of the practice GPs was the safeguarding lead for the practice and the clinical commissioning group acting as a contact and source of advice to other practices in the area and attending local safeguarding board meetings. The GPs attended safeguarding case conferences 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. The GPs and nurses were trained to child protection or child safeguarding level 3.
- Notices in the waiting and consultation rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (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. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.
- Patient group directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment). The health care assistant was trained to administer vaccines and medicines against patient specific directions (PSDs) which were entered into the relevant patient records. (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 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. The practice had appropriate health and safety policies and protocols in place with named leads. The practice had up to date fire risk assessments and carried out periodic fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had risk assessments in place to monitor safety such as control of substances hazardous to health; infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff needed to meet patients' needs. There was a rota system in place to ensure enough staff were on duty with the appropriate skill mix.

Arrangements to deal with emergencies and major incidents

The practice had 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 developed its own emergency monitoring template to ensure that in a medical emergency the patient's vital signs were documented at the practice and available to ambulance and A&E staff.
- 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.

Good

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. A summary of key guidelines and local 'pathways' was included in the locum pack.
- The practice monitored that guidelines were followed through group discussion, audits and checks of patient records. Clinicians utilised standardised templates within the electronic patient record system for care planning and reviews of long term conditions which incorporated good practice guidelines. For example, the practice had recently implemented a redesigned template for diabetic reviews structured around a dual appointment system for patients with the health care assistant and the GP.

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 for 2014/15 were 86.3% of the total number of points available compared to the national average of 94.8%. The practice had consistently low exception reporting rates. (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).

Data from 2014/15 showed:

- The prevalence of diabetes was very high locally. Practice performance for diabetes related indicators was lower than the national average however. For example, 59% of diabetic patients had blood sugar levels that were adequately controlled (that is, their most recent IFCC-HbA1c was 64 mmol/mol or less) compared to the CCG average of 69% and the English average of 78%. Sixty-one per cent of practice diabetic patients had a recent blood pressure reading in the normal range compared to the CCG average of 74% and the English average of 78%.
- The practice had recently changed its diabetic review process which now included a follow-up letter to patients after the review. The practice provided a wide range of information about diabetes including a checklist it had developed itself with information for diabetic patients who were travelling abroad. Patients we spoke with told us that they received helpful advice on managing their diabetes.
- We reviewed the patient records for several diabetic reviews. These were comprehensively completed in line with guidelines and were holistic, for example including targets and goals that had been discussed and agreed with the patient.
- In 2014/15, 79% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the national average of 84%.
- For patients with a diagnosis of psychosis, 16 of 34 (47%) had attended a face to face review of their care in the last 12 months. This was significantly lower than the CCG and national averages, both 88%. The practice participated in the 'Shifting the setting of care' scheme. This meant for example, that patients could regularly access their GP and also see their specialist mental health worker at the practice.

There was evidence of quality improvement including clinical audit.

- The practice used clinical audit as a tool to monitor and improve its performance and had developed a standard template to record individual audit projects and the results. The practice had completed multiple clinical audits over the last two years, several of which were completed audits where improvements had been implemented and then monitored to ensure they were sustained. Topics included metformin prescribing, cancer cases, falls, the management of asthma and ACE inhibitor prescribing and monitoring.
- The practice participated in locality based audits, national benchmarking, peer review and research.

Good

Are services effective?

(for example, treatment is effective)

- Findings were used by the practice to improve services. For example, following the audit of ACE inhibitor monitoring, the practice had added an alert to patients' records to automatically prompt the clinician to consider blood tests.

Effective staffing

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

- The practice had a structured induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, 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.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included on going support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance.

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.

The practice participated in multidisciplinary meetings in the locality at which care plans were routinely reviewed and updated for patients with complex needs. The practice also routinely invited health visitors, district nurses and the local palliative care nurse to monthly meetings at the practice to coordinate care and share information.

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 assessed the patient's capacity and, recorded the outcome of the assessment.
- Patients told us they had confidence in the practice to protect their confidentiality and felt able to discuss sensitive information with the clinicians.

Supporting patients to live healthier lives

The practice identified patients 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. Patients were signposted to the relevant service.

The practice's uptake for the cervical screening programme was 75%, which was comparable to the CCG average of 78% 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 ensured a female sample taker was available. There were failsafe

Good

Are services effective?

(for example, treatment is effective)

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. The uptake for breast cancer screening was 71% which was significantly higher than the CCG average of 65%.

Childhood immunisation rates were high and the practice was achieving childhood immunisation targets. For example, in 2015, 96% of eligible babies had received the 'five in one' vaccination by the age of two years. For the preschool cohort, 100% had received the pertussis (whooping cough) vaccination and 97% their first MMR vaccination.

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 staff carrying out health checks were clear about risk factors requiring further follow-up by a GP.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were polite, welcoming and helpful to patients and treated them with respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations and conversations taking place in these rooms could not be overheard.
- Confidentiality was more difficult to maintain at reception as there were protective screens at the reception desk and some patients spoke quite loudly to be sure of being heard. Reception staff were discreet and told us they were able to take patients aside if they wanted to discuss sensitive issues or appeared distressed.

Results from the national GP patient survey showed patients felt they were treated well. The practice tended to score above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 97% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 84% and the national average of 89%.
- 96% of patients said the GP gave them enough time compared to the CCG average of 80% and the national average of 87%.
- 99% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 92% and the national average of 95%.
- 95% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 85% and the national average of 85%.
- 93% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 85% and the national average of 91%.
- 86% of patients said they found the receptionists at the practice helpful compared to the CCG average of 84% and the national average of 87%.
- 59% of patients said they normally have to wait too long to be seen compared to the national average of 35%.

We spoke with 13 patients during the inspection and three members of the patient participation group. Patients were positive about the quality of consultations and the helpfulness of reception staff. Patients told us they did not feel rushed in consultations and were listened to. They consistently told us that the doctors and nurses were caring and professional.

The most consistent criticism from patients was about waits on arrival in the practice which we were told tended to run between 10-30 minutes.

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 had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Care plans we reviewed were comprehensive and personalised.

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

- 94% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 80% and the national average of 86%.
- 93% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 75% and the national average of 82%.
- 88% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 79% and 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. The staff team also spoke a range of languages. We spoke with one patient who told us they greatly valued being able to consult a GP who spoke Punjabi.
- Information for patients about the services available was easy to understand and accessible at the practice. The practice had not developed its own website for

Good

Are services caring?

patients but provided some online information on the 'NHS Choices' website. Patients were able to book appointments online and the practice offered an electronic prescription service.

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.

The practice's computer system alerted GPs if a patient was also a carer. However, the practice had only identified 14 patients as carers to date (0.2% 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. The GP also offered further consultations and advice on local bereavement counselling services if appropriate.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice offered extended hours opening from 7.00am and evening surgeries until 8.00pm. Both nurse and GP appointments were available during extended hours.
- There were longer appointments available for patients with a learning disability or other more complex needs.
- Home visits were available for patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and patients with urgent medical problems. The practice ran a telephone triage system. Patients ringing the practice were called back by the duty doctor who assessed whether an urgent appointment was necessary. The doctor was also able to provide telephone advice for more minor problems. Several patients told us they had found this telephone advice helpful and reassuring.
- Patients were able to receive travel vaccinations. The practice provided information about which vaccinations were available free on the NHS and which were available only on private prescription and the associated fees.
- There were disabled facilities, a hearing loop and translation services available.

Access to the service

The practice telephone lines were open from 8.00am until 6.30pm Monday to Friday. The practice offered appointments starting at 7.00am on Monday, Tuesday and Thursday and from 9.00am on Wednesday and Friday. The latest appointments were available until 6.00pm although there were also late evening surgeries until 8.00pm every Monday and Wednesday. The practice was closed over the weekend.

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

- 87% of patients were satisfied with the practice's opening hours compared to the CCG average of 73% and the national average of 78%.
- 85% of patients said they could get through easily to the practice by phone compared to the CCG average of 73% and the national average of 73%.
- 81% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 71% and the national average of 76%.

Patients told us on the day of the inspection that they were able to get appointments when they needed them. Routine pre-bookable appointments were available in around two weeks. Patients were able to request appointments with a preferred GP or with a male or female GP. Routine appointments with most named GPs were available within two weeks depending on the number of sessions they worked.

The practice had a system in place to assess:

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

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

Listening and learning from concerns and complaints

The practice had 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. None of the patients we spoke with said they had needed to make a complaint.

We looked at complaints received in the last 12 months. Lessons were learnt from individual concerns and complaints and action was taken as a result to improve the quality of care. For example, the practice had received several complaints about delays to appointments. The

Good

Are services responsive to people's needs?

(for example, to feedback?)

practice had apologised to these patients in writing and explained the reasons for the clinical sessions running late. It had also introduced a system so that the receptionists informed patients on arrival of any likely delay.

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 vision was to provide high quality care in a supportive learning environment. The practice had identified 10 specific objectives which included providing a safe service, high quality medical care, being friendly and approachable and meeting patients' needs. Staff were clear about the vision and their responsibilities in relation to it.

- The practice had a strategy and supporting business plans which were regularly monitored. The GP partners met regularly to review and respond to any business matters as they arose.

Governance arrangements

The practice had a governance framework which supported the delivery of the strategy and good quality care:

- 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 on the computer system.
- There was a comprehensive understanding of the performance of the practice. Benchmarking information and clinical audit was used routinely to understand performance in comparison to other practices within the same locality and the clinical commissioning group area.
- The practice planned for the long term and responded to risks. For example, the practice had grown rapidly from a list size of 5000 patients to 7500 in recent years. It had responded by introducing a range of appointment options including telephone triage and had maintained high patient satisfaction levels. The practice was seeking to expand the premises to increase the range of services and teaching it could provide and had recently successfully recruited two new GP partners.

Leadership and culture

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

- The practice held regular staff meetings to discuss significant events, difficult cases, patient deaths and safeguarding concerns. Staff members told us that informal clinical discussion between meetings was also encouraged. Meeting minutes were stored on the shared drive for future reference.
- Staff said they felt respected, valued and supported by the partners and the practice manager. It was evident that the practice was perceived by staff as a good place to work.
- Staff and trainees told us that there was an open culture within the practice and they had the opportunity to raise any issues.
- The provider complied 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).
- The practice shared information and learning within and outside the team. The practice was an active member of its local network of GP practices. The practice regularly attended locality meetings and took advantage of available locality resources, for example, training and educational events.

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

The practice encouraged and valued feedback from patients, the public and staff.

- It sought patients' feedback through its patient participation group, 'the friends and family' questionnaire, comments posted on public websites and a survey run through the locality group of GPs and compliments and complaints. The practice posted the results from the most recent national GP patients survey in the waiting room.
- The patient participation group was active, met regularly and made suggestions for improvement. Members of the group also attended the locality-wide patient participation forum and were instrumental in a patient-led support group in the area for chronic obstructive pulmonary disease (COPD).
- The practice had responded to patient feedback. For example, the practice had changed the layout of the reception following feedback from patients.
- The practice gathered feedback from staff through appraisals and staff discussion and training feedback. Staff told us they were comfortable giving feedback and could raise any concerns with the practice manager or other colleagues.

Are services well-led?

Good

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

Continuous improvement

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

- The practice was proud of its status as a training practice and the partners told us that providing mentoring and support for junior colleagues helped the established team stay current and open to emerging ideas.
- We noted that the practice routinely used audit to monitor its performance and shared the findings with the whole team.
- We saw many examples where the practice had developed its own tools and templates to improve efficiency and effectiveness. For example, the receptionists had developed a guide for reception on the types of consultations that needed longer appointments or appointments with a specific lead clinician.