

Dr Adolfo Gracia

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?		Requires improvement	

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	10

Detailed findings from this inspection

Our inspection team	11
Background to Dr Adolfo Gracia	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13
Action we have told the provider to take	23

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Adolfo Gracia on 7 October 2016. Overall the practice is rated as good.

Our key findings across all the areas we inspected were as follows:

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.

- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management.
- The provider was aware of and complied with the requirements of the duty of candour.

The area where the provider must make improvement is:

- Conduct a health and safety risk assessment of the premises.
- Ensure that plans to re-establish the patient participation group and undertake regular surveys of patient views are implemented.
- Develop an on-going audit programme that demonstrates continuous improvements to patient care in a range of clinical areas. Ensure there are at least two cycles of a clinical audit.

The areas where the provider should make improvements are:-

Summary of findings

- Ensure that information is accessible for all patients. For example, the introduction of a hearing loop in reception for patients with hearing difficulties and the production of information in large print and braille for those with visual impairment.
- Encourage the identification of carers on the practice list so that they can be directed towards the various avenues of support available to them. Ensure that information about the support available to carers is publicised in the waiting area.
- Keep low rates of childhood immunisation under review and identify and implement actions to help improve current rates.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed. However the practice had not conducted a health and safety risk assessment of the premises.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement. However, the practice did not have a structured and regular programme of clinical audit which meant that evidence to demonstrate quality improvement was limited.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.

Summary of findings

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

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

Good



Are services well-led?

The practice is rated as requires improvement for being well-led.

- The practice had a clear vision 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. However the practice did not have a structured and regular programme of clinical audit. Also the practice had not conducted a health and safety risk assessment of the premises.

Requires improvement



Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice had not previously, proactively sought feedback from patients and it did not have a patient participation group. However we saw that plans were in place to do so.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the of 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.
- As part of the clinical commissioning group's proactive care programme the practice worked with health and social care providers in the locality to identify patients at risk of avoidable, unplanned admission to hospital and ensured that they had a plan of care in place in to help prevent this.

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.
- Practice performance against indicators for the management of long term conditions was better than the local and national averages. For example the percentage of patients on the diabetes register, in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less was 95% compared to the clinical commissioning group (CCG) average of 82% and the national average of 78%.
- Longer appointments and home visits were available when needed.
- All these patients had a structured annual review to check their health and medicines needs were being met.
- The practice cared for a large proportion of patients with human immunodeficiency virus (HIV). The GP had developed a special interest in this area of medicine and attended regular training to equip him with the skills and knowledge required to provide high quality care to this patient group. All of these patients received an annual review to check their health and medicines needs were being met.

Good



Families, children and young people

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

Good



Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk.
- Immunisation rates for all standard childhood immunisations were variable. This was due to the transient nature of the population and parental choice.
- The practice provided a range of family planning services and cervical screening.
- The number of women aged between 25 and 64 who attended cervical screening in 2014/2015 was 77% compared to the clinical commissioning group (CCG) average of 81% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked closely with midwives and health visitors.

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. For example extended access was provided every Wednesday evening until 7.30pm.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.

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 had identified patients living in vulnerable circumstances which included 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



Summary of findings

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).

- 100% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was higher than the clinical commissioning group (CCG) average of 82% and 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.
- 90% of patients with a severe and enduring mental health problem had a comprehensive, agreed care plan documented in the record, in the preceding 12 months compared to the CCG average of 91% and the national average of 90%.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing better than national averages. Three hundred and fifty six survey forms were distributed and 112 were returned. This represented 5% of the practice's patient list.

- 94% of patients who responded found it easy to get through to this practice by phone compared to the national average of 73%.
- 89% of patients who responded were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.

- 93% of patients who responded described the overall experience of this GP practice as good compared to the national average of 85%
- 93% of patients who responded said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 32 comment cards which were all positive about the standard of care received. Patients described the service they received as excellent. They commented that the GP was thorough respectful and compassionate. They described the staff as efficient, friendly and helpful.

Dr Adolfo Gracia

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection was undertaken by a CQC inspector and a GP specialist adviser.

Background to Dr Adolfo Gracia

Dr Adolfo Gracia is based at The Ship Street Surgery in the city centre of Brighton, East Sussex. The practice serves approximately 2,200 patients living in Brighton.

Dr Adolfo Gracia is a single handed GP. He employs a practice nurse, a healthcare assistant, a practice manager and four reception staff.

Data available to the Care Quality Commission (CQC) shows the practice serves a higher than the national average number of patients between the ages of 26 and 39. There are lower than average numbers of patients over the age of 65. Income deprivation affecting older people is higher than average.

The practice is open from 8.30am until 1pm and from 2pm until 6pm on Monday, Tuesday, Wednesday and Friday and from 8.30am until 1pm on a Thursday. Extended access is available every Wednesday until 7.30pm for patients who cannot attend during normal working hours. Appointments can be booked over the telephone, on line or in person at the surgery. When the practice is closed, patients are advised on how to access the out of hour's service on the practice website, the practice leaflet or by calling the practice. Out of hours calls are handled by a local primary care service.

The practice provides a full range of NHS services and clinics for its patients including asthma, diabetes, cervical smears, childhood immunisations, travel immunisations, family planning and new patient checks.

The practice provides services from the following location:-

65-67 Ship Street

Brighton

BN1 1AE

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 7 October 2016. During our visit we:

- Spoke with a range of staff including the GP, the practice nurse, the practice manager and a receptionist.
- Observed how patients were being cared for and talked with carers and/or family members

Detailed findings

- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, we saw that as a result of a two week wait referral not being sent, that staff were reminded at a meeting about the importance of ensuring they had completed certain tasks on the practice's electronic system. We saw that this was also addressed with the individual staff members involved through the practice's performance management arrangements. We saw that a review date had been set to ensure that action had been embedded and that all two week referrals had been sent on time.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GP 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. The GP was trained to safeguarding level three and the practice nurse to child safeguarding level two.

- 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. (A DBS check identifies whether a person has a criminal record or is on an official list of people barred with working in roles where they may have contact with children or vulnerable adults).
- 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 policy 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 clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient group directions had been adopted by the practice to allow the practice nurse to administer medicines in line with legislation.
- We reviewed four 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 DBS.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a

Are services safe?

health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). However the practice had not conducted a health and safety risk assessment of the premises.

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

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and from the clinical commissioning group (CCG) and used this information to deliver care and treatment that met patients' needs.

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 95% of the total number of points available.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/2015 showed:

- Performance for diabetes related indicators was better than the clinical commissioning group (CCG) and national averages. For example, patients with diabetes who had a blood pressure reading in the preceding 12 months of 140/80mmHg or less was 96% compared to the CCG average of 76% and the national average of 78%; and the percentage of patients with diabetes who had a record of a foot examination and risk classification within the preceding 12 months was 99% compared to the CCG average of 87% and the national average of 88%.
- The practice performance for management of patients with poor mental health was better than the local and national averages. For example, 100% of patients with severe and enduring mental health problems had a comprehensive care plan documented in their records within the last 12 months compared to the CCG average of 83% and the national average of 88%.
- The practice performance for the management of patients diagnosed with dementia was better than local and national averages. For example 100% of these patients had received a face-to-face review within the preceding 12 months compared to the CCG average of 82% and the national average of 84%.

- The percentage of patients with hypertension having regular blood pressure tests was better than the local and national averages achieving 90% in comparison with the CCG average of 81% and the national average of 84%.

There was evidence of quality improvement including clinical audit:

- There had been three clinical audits undertaken in the last two years. Only one of these was a completed audit where the improvements made were implemented and monitored.
- The practice participated in local prescribing audits facilitated by the CCG pharmacy team.
- Findings were used by the practice to improve services. For example, recent action taken as a result included improved identification and coding of patients with memory loss or cognitive decline which enabled the GP to determine whether patients needed to be referred for further clinical assessment.
- It was noted that the practice did not have a structured and regular programme for clinical audit which meant that evidence to demonstrate quality improvement was limited.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, 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

Are services effective?

(for example, treatment is effective)

training to meet their learning needs and to cover the scope of their work. This included on-going support, one-to-one meetings, clinical supervision and facilitation and support for revalidating the GP. All staff had received an appraisal within the last 12 months.

- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice 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 on-going care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital.

Because it was a small practice with a small number of patients, 'virtual' meetings took place over the telephone 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 care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, sexual health, smoking and alcohol cessation and drug misuse. Patients were signposted to the relevant service.

The practice's uptake for the cervical screening programme was 77%, which was comparable to the CCG average of 81% and the national average of 82%. There was a policy to send written reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The percentage of female patients between the ages of 50 and 70 years old who had breast screening in the preceding three years was 58%, which lower than the CCG average of 67% and the national average of 72%. The percentage of patients between the ages 60 and 69 years old of who had bowel screening in the preceding 30 months was 46%, which was lower than the CCG average of 56% and the national average of 58%. There were 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.

Childhood immunisation rates for the vaccines given were comparable to clinical commissioning group (CCG)/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 58% to 100% (22% to 93% CCG and 73% to 95% nationally) and five year olds from 44% to 100% (66% to 94% CCG and 83% to 95% nationally). The practice told us that the rates for some immunisations were low due to the transient nature of the population as well as a large number of parents who chose not to take up particular vaccines for their children.

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 32 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. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was above or in line with the national average for its satisfaction scores on consultations with GPs and nurses. For example:

- 94% of patients who responded said the GP was good at listening to them compared to the national average of 89%.
- 86% of patients who responded said the GP gave them enough time compared to the national average of 87%.
- 99% of patients who responded said they had confidence and trust in the last GP they saw compared to the national average of 95%.
- 90% of patients who responded said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 90% of patients who responded said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 98% of patients who responded said they found the receptionists at the practice helpful compared to the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patient comment cards highlighted that patients felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were above or in line with the national average. For example:

- 91% of patients who responded said the last GP they saw was good at explaining tests and treatments compared to the national average of 86%.
- 86% of patients who responded said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 80% of patients who responded said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

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

- Staff told us that translation services were available for the large number of patients who did not have English as a first language.
- However, the practice had limited other means to make information accessible to patients. For example the practice did not have a hearing loop to assist those with hearing difficulties.

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 92 patients as carers (4% of the practice list). We were told that the GP referred patients to the local carer's support organisation. However, the practice did not have any written information available in the waiting area or at reception to direct carers to the various avenues of support available to them. We raised this with the practice and the day after the

Are services caring?

inspection they told us that they had made contact with the local carers support organisation and had plans to provide information to patients in the surgery and on the practice's website.

Staff told us that if families had suffered bereavement, the GP contacted them or sent them a sympathy card. This call was either followed by the offer of a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and clinical commissioning group (CCG) to secure improvements to services where these were identified. For example, as part of the CCG's 'pro-active care' initiative, it worked with other health and social care providers in the locality to identify patients at risk of avoidable, unplanned admission to hospital to ensure they had a plan of care in place in order to prevent this. It had also taken on additional 270 patients as the result of a local practice closure.

- The practice provided extended hours on Wednesday evenings until 7.30pm 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 toilet facilities and a patient lift to enable disabled access to the first floor
- There were baby changing facilities.
- The practice had a large proportion of transgender patients and had regular contact with a nationally recognised specialist clinic in London for this patient group. As a result the GP was able to provide a service that was tailored to meet the needs of these patients. The practice was developing a template for undertaking an annual review of their health needs.
- The practice also had a large proportion of patients with human immunodeficiency virus (HIV). The GP had developed a special interest in this area of medicine and attended regular training to equip them with the skills and knowledge required to provide high quality care to this patient group. All of these patients received an annual review to check their health and medicines needs were being met.

- The practice had recruited a female GP due to start in December 2016 in order to give patients the choice of seeing a female doctor.

Access to the service

The practice was open from 8.30am until 1pm and from 2pm until 6pm on Monday, Tuesday, Wednesday and Friday and from 8.30am until 1pm on a Thursday. Extended access was available every Wednesday until 7.30pm for patients who could not attend during normal working hours. In addition to pre-bookable appointments that could be booked up to twelve weeks in advance, urgent appointments were also available for people that needed them. Out of hours calls were handled by a local primary care service.

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

- 82% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 94% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

Patients commented 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.

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.

Are services responsive to people's needs? (for example, to feedback?)

- We saw that information was available to help patients understand the complaints system in the form of a leaflet at reception and on the practice's website

The practice had only received one complaint in the last 12 months. We found that this was satisfactorily handled,

dealt with in a timely way with openness and transparency. We saw that lessons had been learned from the complaint and that action was taken to as a result to improve the quality of care.

Are services well-led?

Requires improvement 

(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 ethos to deliver high quality, compassionate care and promote good outcomes for patients. The practice did not have a business plan but engaged with other GP practices in the locality to work as a 'cluster' in the planning and delivery of primary care services in the local area. The practice had plans in place to respond to the changing needs of the population. For example, as a result of a local practice closing they were in the process of recruiting a female GP who was due to start in December 2016. This would provide an increased number of appointments to deal with the extra patients and also give patients the choice of seeing a female GP.

Governance arrangements

The practice had a governance framework which supported the delivery of the strategy and good quality care. There were structures and procedures in place which 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. However the practice had not conducted a health and safety risk assessment of the premises.
- However, the practice did not have a programme of continuous clinical audit that was used to monitor quality and to make improvements.

Leadership and culture

The practice told us they prioritised safe, high quality and compassionate care. They told us that as a small practice all the staff got to know the patients and their individual needs and that as a result they were able to provide a personalised service. Staff told us that the management team 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). The GP encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported by the GP and the practice manager. All staff were involved in discussions about how to run and develop the practice, and the GP and practice manager 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

Whilst the practice valued feedback from patients, the public and staff it did not have an active patient participation group (PPG) and had not undertaken a patient survey since 2014. However, the practice told us that they regularly monitored feedback from the friends and family test and that they invited patient suggestions and comments through their website. They also told us that they planned to re-establish their PPG and seek their views on the services provided as well as their input to a future patient survey within the next six months. They told us that a text messaging service for patients was being implemented in November 2016 which would also seek feedback from patients on the service they received.

The practice 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. For example, they had recently changed how information for reception staff was filed to make it more easily accessible.

Are services well-led?

Requires improvement



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

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, as part of the clinical commissioning group's 'pro-active care' initiative, it worked with other health and social care

providers in the locality to identify patients at risk of avoidable, unplanned admission to hospital to ensure they had a plan of care in place in order to prevent this. The practice had also developed expertise in the care of patients with human immunodeficiency virus (HIV) and in the care of transgender patients.

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 Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met: The provider did not have systems and processes in place to monitor and improve the quality and safety of the services such as regular health and safety risk assessments of the premises and regular audit of the clinical services it provided.</p> <p>The provider had not regularly sought, reviewed and acted on feedback from patients for the purposes of continually evaluating and improving such services.</p> <p>This was in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p>