Grove Park 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 Grove Park Surgery on 30 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 been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the practice should make improvement are:

- Carry out periodic audits of infection control to ensure it monitors its adherence to current guidelines and identifies any areas for improvement.

Summary of findings

- Take steps to proactively identify carers to ensure their needs are being assessed and they are receiving appropriate support.

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

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Summary of findings

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
- 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 had assigned a GP to the care of patients living at a nearby care home. This GP carried out a regular weekly visit to the home. They also contacted the home every Saturday and provided telephone advice or visited the same day if there were any concerns.
- The practice provided the seasonal flu vaccination for patients over 65 and the shingles and pneumococcal vaccinations for eligible older patients.

People with long term conditions

Good

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

- Longer appointments and home visits were available when needed. The practice was able to provide continuity of care to patients with long-term conditions.
- Patients with long-term conditions were offered an annual review to check their health and medicines needs were being met. The practice discussed prevention, effective self-management and when to seek treatment without delay with patients.
- Nursing staff were trained to carry out diabetes, asthma and chronic obstructive pulmonary disease (COPD) reviews.
- Patients at risk of hospital admission were identified as a priority. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

Good

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

- Appointments were available outside of school hours and the premises were suitable for children and babies.

Summary of findings

- The practice prioritised young children and babies for urgent or same-day appointments and offered daily telephone advice slots which were useful for parents.
- The practice ran a weekly drop-in baby clinic which covered infant immunisations, postnatal checks and routine developmental checks. The practice followed up children who did not attend for immunisation.
- 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 high for all standard childhood immunisations.
- The practice provided comprehensive contraceptive services and was sensitive to the needs of teenagers.
- In 2014/15, 80% of practice patients with asthma had an asthma review in the preceding 12 months. This rate was comparable with other practices.

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, flexible and offered continuity of care.
- The practice was proactive in offering online services and was open until 6:30pm every weekday and on Saturday morning.
- The practice operated a daily GP triage system including the facility for telephone advice which was particularly useful for working patients.
- The practice provided comprehensive sexual health and contraceptive services including coil fittings and contraceptive implants.
- The practice offered a full range of health promotion and screening services appropriate for this group. For example in 2014/15, 81% of eligible female patients had a cervical smear in the previous five years which was in line with 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.

Summary of findings

- The practice held registers of patients living in vulnerable circumstances and ensured they had priority access to appointments when needed.
- The practice offered longer appointments for patients with a learning disability and other complex needs.
- 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. The practice had participated in multi-agency risk assessment conferences when appropriate.

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).

- The practice recognised that patients with mental health needs might need urgent and short notice appointments and facilitated this through the telephone triage system. The practice offered longer appointments to patients with mental health problems. Patients could book appointments with a GP or one of the practice nurses who had a special interest in mental health.
- 84% of patients diagnosed with dementia had their care reviewed in a face to face meeting within the last 12 months, which is the same as the national average.
- The practice carried out advance care planning for patients with dementia involving patients' families when appropriate.
- 89% of patients diagnosed with psychosis had a comprehensive, agreed care plan documented in the record, within the last 12 months, which is in line with the national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice provided an in-house counselling service for patients experiencing mental distress. The practice also hosted a weekly psychiatric nurse clinic for patients who required additional support, for example following discharge from acute care.

Summary of findings

- The practice informed patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

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 tended to perform above local and national averages. The survey was sent to 341 registered patients by post and 115 were returned. This represented 2% of the practice's patient list (and a response rate of 34%).

- 91% 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%.
- 84% of patients said they were able to book an appointment to see or speak to a GP or nurse compared to the CCG average of 71% and the national average of 76%.
- 95% of patients described the overall experience of this GP practice as good compared to the CCG average of 80% and the national average of 85%.

The practice also invited patients to participate in the 'Friends and family' short feedback survey. The most recent results showed that 91% of 226 participating patients would recommend the practice.

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection. We received only three comment cards which were all positive about the standard of care received. We additionally spoke with four patients during the inspection. All of these patients said they were highly satisfied with the care they received.

Patients commented that the service was personalised. Patients gave us individual examples of good practice in relation to their care and told us the clinicians were always happy to explain and advise. The practice as a whole was described as caring and professional. Patients also told us they were able to get appointments when they needed them. We were told that appointments for non-urgent problems were usually available within a week.

The practice had carried out its own patient survey in 2016. The feedback was generally very positive again. The practice had identified actions for further improvement, for example actions to reduce and manage delays to appointments running on time.

Areas for improvement

Action the service SHOULD take to improve

The areas where the practice should make improvement are:

- Carry out periodic audits of infection control to ensure it monitors its adherence to current guidelines and identifies any areas for improvement.
- Take steps to proactively identify carers to ensure their needs are being assessed and they are receiving appropriate support.

Grove Park 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.

Background to Grove Park Surgery

Grove Park Surgery provides NHS primary medical services to around 7500 patients in Chiswick, West London through a 'general medical services' contract. The practice is located within Hounslow Clinical Commissioning Group. The service is run from one surgery.

The current practice clinical team comprises three GP partners, two salaried GPs, two practice nurses, a health care assistant and phlebotomists. The practice also employs managers, administrative and reception staff. The GPs provide around 32 sessions a week in total. Patients had a choice of a male or female GP. The practice is a teaching and training practice taking undergraduate medical students on placement and supporting GP trainees for fixed term posts.

The practice is open from 8.15am until 1pm and 2pm until 6.30pm from Monday to Friday and from 8.30am to 10.30am on Saturday. The Saturday morning clinic includes appointments with a nurse, healthcare assistant or GP and is reserved for pre-booked appointments only. The practice operates with a telephone triage system Monday to Friday, that is, a GP assesses patients by telephone and can provide telephone advice or book the patient into a face-to-face consultation. Same day appointments are available for patients with complex or more urgent needs. Pre-bookable non-urgent appointments are available up to eight weeks in advance.

The practice offers 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 and carry out a regular weekly visit to patients living in a nearby care home.

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. Patients also have access to local 'Hub' primary care services in the evening and at weekends and the practice provides weekend Hub services for patients in Hounslow on a monthly rota basis.

The practice population age profile is broadly similar to the English national average. The population in the local area is characterised by below average levels of income deprivation, unemployment and limiting disability and above average life expectancy.

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; surgical procedures; and treatment of disease, disorder and injury.

CQC has not previously inspected this practice.

Detailed findings

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 30 June 2016. During our visit we:

- Spoke with a range of staff including GP partners, a practice nurse, a health care assistant.
- We spoke with four patients who used the service and observed how patients were greeted at reception.
- Reviewed three comment cards where patients and members of the public shared their views and experiences of the service.
- Reviewed a range of documents including practice policies, protocols and monitoring checks.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Inspected the premises, equipment, facilities and information available to 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 including a copy of their medical notes if relevant and were informed of any actions to prevent the same thing happening again.
- The practice carried out a thorough analysis of significant events and communicated with other agencies to share learning where relevant, for example a prescribing error had originated outside the practice and had not been picked up by the GP. The incident report included learning for both parties. Incidents were routinely discussed at the weekly clinical meeting and the practice meeting.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, following an incident, the practice had introduced a process so that the administrative team identified any 'unassigned' tasks daily and forwarded them to the relevant clinician. The practice had also introduced a handover protocol for locum GPs at the end of their session to ensure any outstanding tasks or actions were followed up.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Information was shared appropriately when family members were registered with multiple practices. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. The GPs and practice nurses were trained to child protection or child safeguarding level 3.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead. There was an infection control protocol in place and staff had received up to date training. However, the practice had not recently carried out an infection control audit to monitor infection control standards in the practice. The last audit had been carried out in 2014.
- The arrangements for managing medicines, including emergency medicines and vaccines 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 (CCG) pharmacy team to ensure prescribing was in line with best practice guidelines. 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 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 assistants were 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 up to date fire risk assessments. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

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

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.
- The practice monitored that these guidelines were followed through team discussion, appraisal, audit and checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 94.3% of the total number of points available. The practice exception reporting rate was close to the national average overall. (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 showed:

- Performance for diabetes related indicators was comparable to the national average. For example, 77% 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%. Eighty-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%.
- Performance for mental health related indicators was comparable to the national average. In 2014/15, 21 of 25 (84%) patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was the same as the CCG and national averages.
- For patients with a diagnosis of psychosis, 24 of 29 (82%) had attended a face to face review of their care in the last 12 months. This was statistically comparable to the CCG and national averages, both 88%. The practice hosted a local scheme 'Primary care plus' which allowed patients to see a psychiatric nurse regularly at the practice.

There was evidence of quality improvement including clinical audit.

- The practice had carried out multiple clinical audits in the last two years including several completed audits where the improvements made were implemented and monitored over two or three audit cycles. Audits were triggered by updates to clinical guidelines, safety alerts and by the particular interests of GPs and trainees.
- The practice participated in local audits, national benchmarking, accreditation, the local referrals management service, peer review and research.
- Findings were used by the practice to improve services. For example, we saw evidence that recent audits into sexual health had improved the management of syphilis and hepatitis C.

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 training to meet their learning needs and to cover the

scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring and clinical supervision. The practice supported revalidating GPs and practice nurses. All staff had received an appraisal within the last 12 months.
- The practice was a teaching and training practice for undergraduate medical students and newly qualified doctors training to become GPs. The practice had received positive feedback from students and trainees.
- 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 services professionals to understand and meet the range and complexity of patients' needs. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. The practice had a system for ensuring that test results and prescription changes were followed-up promptly, including when the patient's named doctor was away. The practice used a system ('Coordinate my care') to ensure that paramedics had access to key information about patients at risk of sudden deterioration, for example, patients on the palliative care register.

Multidisciplinary meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits. The practice asked patients to give written consent for some procedures, such as minor surgery or coil fitting. These forms were scanned into the notes and available for audit.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted or referred to relevant services including dietary and exercise programmes.
- The practice actively sought patients at risk of developing long-term conditions, for example patients with raised risk factors for diabetes. The practice referred all newly diagnosed patients with diabetes to a recognised structured education programme.

For example in 2014/15, 81% of eligible female patients had a cervical smear in the previous five years which was in line with the national average of 82%. The practice ensured a female sample taker was available. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Seventy-two per cent of eligible women had attended for breast screening within six months of their invitation which was the same as the national average.

Childhood immunisation rates were high and the practice was achieving childhood immunisation targets. For example, in 2015, 95% of eligible babies had received the

Good

Are services effective?

(for example, treatment is effective)

'five in one' vaccination by the age of two years. For the preschool cohort, 94% had received the pertussis (whooping cough) vaccination and 90% 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. Any raised risk factors or abnormalities were followed up through a clinical consultation.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were polite 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; conversations taking place in these rooms could not be overheard.
- The waiting area was spacious which helped protect patient confidentiality at reception. The receptionists told us they could offer patients a private area if they wanted to discuss sensitive issues or appeared distressed.

We only received three CQC patient comment cards in the course of this inspection. All three were very positive about the practice. We spoke with four patients including one member of the patient participation group (PPG). These patients described the service as excellent and provided examples of good care from their own experience. They also told us they their dignity and privacy was respected.

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

- 89% 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%.
- 88% of patients said the GP gave them enough time compared to the CCG average of 80% and the national average of 87%.
- 98% 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%.
- 87% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 79% and the national average of 85%.
- 96% 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% ad the national average of 91%).
- 100% of patients said they found the receptionists at the practice helpful compared to the CCG average of 84% and the national average of 87%.

These findings were also echoed in the practice's own patient survey carried out in 2016 and the most recent results from the 'Friends and family' survey. The most recent results showed that 91% of 226 participating patients would recommend the practice.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decisions about their care and treatment and this was a strength of this practice. We reviewed a number of care plans and saw these were comprehensively completed and personalised with patients' objectives and goals. Family members were also involved where appropriate.

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 in line with local and national averages. For example:

- 90% 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%.
- 86% 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%.
- 95% 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. The practice had installed a hearing induction loop.

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. One

Good

Are services caring?

patient told us they had been offered a choice over where to have their baby and their GP had helped them navigate local NHS maternity services. Information about support groups was also available on the practice website.

The practice added an alert to the computer system if a patient was also a carer. The practice had identified 29 patients as carers (0.4% of the practice list). Written information was available to direct carers to the various avenues of support available to them.

GPs discussed options with patients experiencing life threatening conditions including any advance decisions they wished to make. These decisions were recorded in patients' notes. Staff told us that if families had suffered bereavement, their usual GP contacted them. The GP offered a consultation 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, the other practices in its locality group and the clinical commissioning group (CCG) to secure improvements to services where these were identified. For example, the practice provided a wide range of services including joint injections, contraceptive implants, coil fittings and diagnostic tests such as phlebotomy, ambulatory blood pressure monitoring and ECGs reducing the need for patients to travel to hospital or community outpatient clinics.

- The practice was open until 6:30pm every weekday and Saturday morning for patients who found it difficult to attend during working hours. The practice also directed patients to extended hours primary care clinics ('hub' services) when the practice was closed.
- There were longer appointments available for patients with a learning disability, mental health or other complex needs.
- Same day appointments were available for young children, patients experiencing urgent problems, and patients at risk of deterioration or with serious mental health problems.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- The practice was accessible to patients with disabilities was equipped with an induction hearing loop and could provide translation services.

Access to the service

The practice was open from 8.15am until 1pm and 2pm until 6.30pm from Monday to Friday and from 8.30am to 10.30am on Saturday. The Saturday morning clinic included appointments with a nurse, healthcare assistant or GP and was reserved for pre-booked appointments only. The practice operated with a telephone triage system Monday to Friday, that is, a GP assessed patients by telephone and could provide telephone advice or book the patient into a face-to-face consultation, the same day if required. Pre-bookable non-urgent appointments were available up to eight weeks in advance.

Results from the national GP patient survey showed that patient satisfaction with access to the service was consistently above local and national averages.

- 83% of patients were satisfied with the practice's opening hours compared to the CCG average of 76% and the national average of 78%.
- 91% of patients said they could get through easily to the practice by phone compared to the CCG and national averages of 73%.

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. The practice had a designated lead GP for patients living at a nearby care home. The GP routinely visited the practice once a week and contacted the home every Saturday morning to check whether there were any concerns which required a visit or advice.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system

We looked at the two formal complaints received in the last 12 months. The practice had investigated promptly and met the patients concerned to discuss the findings. The practice learnt from individual complaints and action was taken to reduce the risk of recurrence. For example, the practice had identified the importance of providing a clear

Good

Are services responsive to people's needs?

(for example, to feedback?)

explanation to patients before embarking on an action particularly where multiple services had been involved in a patient's care which increased the risk of misunderstandings.

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 articulated its vision to work in partnership with patients and staff to provide the best primary care services possible, working within local and national governance, guidance and regulations. 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 and had identified long term goals for the practice, for example, expansion of the premises and increasing the patient list.

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. The practice had identified the need for new partners following a recent retirement. They had successfully recruited a salaried GP with the option of becoming a partner in the longer term.

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.
- 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).
- Staff said they felt respected, valued and supported by the partners and the practice manager.
- Staff and trainees told us that there was an open culture within the practice and they had the opportunity to raise any issues.
- The practice shared information and learning within and outside the team. The practice was an active member of its local health community. For example one of the GPs was a board member on the clinical commissioning group and another was the chair of the local practice federation. The practice regularly attended locality meetings and took advantage of available locality resources, for example, training and educational events.
- The practice was willing to experiment and introduce changes to their way of working if this might benefit patients or improve the service. For example, it had introduced a daily telephone triage service which operated during the morning alongside a more traditional appointment system. The practice had found that this had resulted in fewer patient complaints about appointments, improved patient satisfaction scores, reduced attendance to A&E and reduced numbers of missed appointments.

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 its own patient survey. The practice posted the results from the 'Friends and family' survey and information from the patient participation group on its website.
- The patient participation group was active, met regularly and made suggestions for improvement. For example, the practice had recently expanded its opening hours until 6.30pm as a result of patient feedback. The patient participation group organised patient education sessions, for example on specific long

Are services well-led?

Good

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

term conditions and also ran a first aid and resuscitation course for new parents for a subsidised fee. These events were publicised in the local community and open to anyone who wanted to attend.

- 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.

Continuous improvement

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

- The practice routinely used audit to monitor its performance and shared the findings with the whole team.
- The practice had a focus on clinical education and support and provided training placements to newly qualified doctors and undergraduate students.
- The practice was keen to work with patients as 'partners' in their care and took a holistic view to identifying patients at risk of developing long term conditions, reviewing patients' mental health as well as any physical symptoms. the practice employed an in-house counsellor and one of the practice nurses had an interest and training in mental health.