

# Colville Health Centre

## Quality Report

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

## Ratings

### Overall rating for this service

Good



Are services safe?

Good



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Colville Health Centre on 7 June 2017. 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 a system in place for reporting and recording significant events.
- The practice had clearly defined and embedded systems to minimise risks to patient safety.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- Results from the national GP patient survey showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.

- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients we spoke with 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 the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.

However, there were areas of practice where the provider must make improvements:

- Ensure the care and treatment of patients is appropriate, meets their needs and reflects their preferences

# Summary of findings

The areas of practice where the provider should make improvements are:

- Implement processes to ensure lessons learnt as results of incidents are shared with all staff at the practice.

- Ensure clothing that is compliant with infection control requirements are worn by the nursing team
- Ensure patients with caring responsibilities are proactively identified.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

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

Good



### Are services effective?

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

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average compared to the national average.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- Performance for diabetes related indicators was 70%, which was 14% below the CCG and 20% below national averages
- Childhood immunisation rates for the vaccinations given to under two year olds were below the national averages of 90%.
- The practice's uptake for the cervical screening programme was 70%, which was below the national average of 82%.

Requires improvement



### Are services caring?

The practice is rated as good for providing caring services.

- Data showed that patients rated the practice higher than others for some aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

Good



# Summary of findings

- Information for patients about the services available was easy to understand and accessible.
- We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- 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.
- Most 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?

The practice is rated as good for being well-led.

Good



- 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 a 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

The provider was rated as good for 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 double appointments, home visits and urgent appointments for those with enhanced needs
- The practice was part of the whole systems integrated care (WSIC) project and ran WSIC clinics for over 75s.
- The practice had signed up to the avoiding unplanned admissions DES.

Good



### People with long term conditions

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

- One GP was the lead for chronic disease management and patients at risk of hospital admission were identified as a priority. All these patients had a named GP and a structured annual review to check their health and medicines needs were being met.
- All these patients had a named GP and there was a system to recall patients for a structured annual review to check their health and medicines needs were being met For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- Longer appointments and home visits were available when needed.
- Performance for diabetes related indicators was 70%, which was 14% below the CCG and 20% below national averages

Good



### Families, children and young people

The provider was rated as good for care of families, children and young people.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk.
- Childhood immunisation rates for the vaccinations given to under two year olds were below the national averages of 90%.

Good



# Summary of findings

- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals. The GPs demonstrated an understanding of Gillick competency and told us they promoted sexual health screening.
- The practice's uptake for the cervical screening programme was 70%, which was below the national average of 82%.
- The practice triaged all requests for appointments on the day for children under two when their parent requested the child be seen for urgent medical matters.

## Working age people (including those recently retired and students)

The provider was rated as good for care of working age people (including those recently retired and students).

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. .
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

Good



## People whose circumstances may make them vulnerable

The provider was rated as good for care of people whose circumstances may make them vulnerable

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability and the homeless. Pop up alerts were placed on all computer notes to alert all members of staff of vulnerable patients.
- Learning Disability patients had care plans that met their needs. Patients with learning disabilities were invited annually for a specific review with their named GP. However, we saw that there was 27 patients on the register and only 14 had been reviewed in the last 12 months.
- 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)

Good



The provider was rated as good for care of people experiencing poor mental health (including people with dementia).

- The practice had achieved 100% of the latest QOF points for patients with Dementia which was above both CCG and national averages. The practice had annual reviews for patients with dementia, which included early consideration of advance care planning. All dementia patients had a care plan which both they and carers had been involved in drafting.
- The practice had a register of patients experiencing poor mental health. These patients were invited to attend annual physical health checks and 211 out of 235 had been reviewed in the last 12 months.
- The practice worked closely with Primary Care Plus to support patients with mental illness transfer from secondary care back to primary care.
- 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.
- Reception staff we spoke with were aware of signs to recognise patients in crisis and to have them urgently assessed by a GP if they presented.



# Summary of findings

## What people who use the service say

The national GP patient survey results published in July 2016 showed the practice was performing above or in line with local and national averages. There were 97 responses and a response rate of 25%, which was approximately 1% of the practice population.

- 83% found it easy to get through to this surgery by phone compared to a CCG average of 84% and a national average of 73%.
- 82% were able to get an appointment to see or speak to someone the last time they tried compared to a CCG average 84% and a national average 85%.
- 84% of patients described the overall experience of this GP practice as good compared to a CCG average 85% and a national average 85%.

- 75% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to a CCG average 81% and a national average 85%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 23 comment cards which were all positive about the standard of care received.

We spoke with two patients during the inspection. All said they were satisfied with the care they received and the practice offered a good service and staff treated them with dignity and respect. They also told us they were satisfied with the care provided by the practice.

## Areas for improvement

### Action the service **MUST** take to improve

- Ensure the care and treatment of patients is appropriate, meets their needs and reflects their preferences

### Action the service **SHOULD** take to improve

- Implement processes to ensure lessons learnt as results of incidents are shared with all staff at the practice.

- Ensure clothing that is compliant with infection control requirements are worn by the nursing team
- Ensure patients with caring responsibilities are proactively identified.

# Colville Health Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to Colville Health Centre

Colville Health Centre merged with three other single handed practices in the last 18 months and increased its patient list size from 3500 to 10,500. They provide primary care services to people living in Kensington and Chelsea. The local area is culturally diverse and the practice population comes from mixed backgrounds.

The practice has two partner GPs, one male and one female and five salaried GPs who work a combination of full and part time hours totalling 32 sessions per week. Other staff included a senior practice manager, a nurse, a health care assistant and five administrative staff. The practice holds a General Medical Services (GMS) contract and was commissioned by NHSE London. The practice is registered with the Care Quality Commission to provide the regulated activities of diagnostic and screening procedures, treatment of disease, disorder and injury, surgical procedures, family planning and maternity and midwifery services.

The practice was open between 8am to 6.30pm on Monday to Friday. They had extended hours on Saturday from 9am to 5pm. The telephones were staffed throughout working hours. The appointment booking system was based around a telephone triage service which meant that patients requesting an appointment were called back by a GP and once triaged if they needed an appointment a slot

would be allocated. The GPs told us that they had implemented this system a year ago and were continually reviewing it. They said if vulnerable patients came direct to the practice they would be given an appointment there and then and that vulnerable older patients had a by-pass number that they could call to get through to a GP directly.

Patients were directed to NHS 111 service when the practice was closed. The details of the 'out of hours' service were communicated in a recorded message accessed by calling the practice when closed and details can also be found on the practice website. Longer appointments were available for patients who needed them and those with long-term conditions. This also included appointments with a named GP or nurse.

The practice provided a wide range of services including clinics for diabetes, chronic obstructive pulmonary disease (COPD), contraception and child health care. The practice also provided health promotion services including a flu vaccination programme and cervical screening. They also provide additional 'out of hospital services' such as advanced warfarin monitoring, Ambulatory Blood Pressure monitoring (ABPM), ECG and spirometry.

## 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.

This practice has not been inspected before.

# Detailed findings

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 7 June 2017.

During our visit we:

- Spoke with a range of staff including GPs, practice manager and reception staff. We also spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

- Is it safe?

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

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

- Staff told us they would inform the practice support manager or one of the GP partners of any incidents and there was an incident book available at reception. The provider's incident recording form supported the duty of candour principles. (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).
- From the sample of seven documented examples we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. The practice carried out a thorough analysis of the significant events. However, we found that lessons were not always shared with all staff at the practice.

### Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding 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 or provided reports where necessary for other agencies.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had

received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three and nurse to 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. (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. There was an infection control protocol in place and some staff had received up to date training. Annual infection control audits were undertaken and we saw evidence from the latest audit in May 2017 that action was taken to address any improvements identified as a result. The practice nurse was the infection control clinical lead, however, we found they had not received up to date training. Further, appropriate clothing was not always worn by the nursing team in relation to infection control requirements.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).
- There were processes for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred. 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 to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification,

## Are services safe?

evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

### Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available.
- The practice had an up to date fire risk assessment and carried out regular fire drills. There were designated fire marshals within the practice. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order and we saw the August 2016 certificate for this.
- The practice had a variety of other risk assessments 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).
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients. For example, an additional three salaried GPs

had been employed in the last 18 months in response to a growth of registered patients due to the practice merging with two other practices. Further, the practice was in the process of recruiting another nurse to improve their performance in relation to cervical smears and child immunisations.

### 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. All medicines were within expiry dates.
- 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 provider 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 and 'buddy' arrangements with a local practice to enable mutual use of facilities in the event of a major incident.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 94% of the total number of points available, with 6% exception reporting. (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).

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

- Performance for diabetes related indicators was 70%, which was 14% below the CCG and 20% below national averages.
- Performance for mental health related indicators was 92%, which was 3% above the CCG and 1% below national averages.

The practice was aware that their performance for diabetes was well below local and national averages and was in the process of recruiting another nurse to take responsibility for the diabetic reviews. Further, they had found that a high number of patients with diabetes from the practices they had merged with had not been reviewed for some years

and at the time of our inspection they had carried out reviews for the most vulnerable patients and had a clear structured plan for reviewing the remaining patients in this group.

There was evidence of quality improvement including clinical audit.

- There had been two clinical audits commenced in the last two years, one was a completed audit where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, recent action taken as a result included an audit of patients on warfarin. The practice had carried out an anticoagulation audit to ensure that all patients prescribed the Warfarin were on the appropriate register and regularly monitored regarding duration of treatment and International Normalised Ratio (INR) was within the acceptable range for a 12 month period. On first audit they found patients were within range for 70% of the time. On re-audit, once the practice had identified patients who were suitable to change medications and introduced other interventions, they found that the time period for patients INR being in range had increased to 73% during a twelve month period.

### 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 infection prevention and control, fire safety, health and safety and confidentiality.
- 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.
- 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,



# Are services effective?

## (for example, treatment is effective)

one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff who were due one 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 ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

### Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

### Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- Smoking cessation advice was available from the HCA at the practice once a week.

The practice's uptake for the cervical screening programme was 70%, which was below the CCG average of 76% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. 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. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given to under two year olds were below the national averages of 90%. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 68% to 87% and five year olds from 68% to 94%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All 23 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with one member of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 88% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 89% and the national average of 89%.
- 80% of patients said the GP gave them enough time compared to the CCG average of 85% and the national average of 87%.
- 95% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.

- 81% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 74% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average of 87% and the national average of 91%.
- 69% of patients said the nurse gave them enough time compared with the CCG average of 88% and the national average of 92%.
- 91% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 96% and the national average of 97%.
- 71% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 95% of patients said they found the receptionists at the practice helpful compared with the CCG average of 88% and the national average of 87%.

The practice was aware that some of the satisfaction scores for the nurse were significantly lower than the CCG and national averages and had identified specific training and were in the process of increasing nurse hours at the practice.

### Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

Results from the national GP patient survey showed a mixed response from patients to questions about their involvement in planning and making decisions about their care and treatment. For example:

- 85% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and the national average of 86%.



## Are services caring?

- 84% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 75% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.
- < >  
Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.
- The Choose and Book service was used with patients as appropriate. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital.)

### **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. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 60 patients as carers (0.6% of the practice list). Written information was available to direct carers to the various avenues of support available to them.

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

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice 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, the practice attended monthly network meetings with the Clinical Commissioning Group (CCG) and other practices to discuss local needs and plan service improvements. Further, they were offering out of hospital services such as Ambulatory BP Monitoring, ECG, Spirometry, near patient monitoring and wound care

- Patients over 75 years had a named GP to co-ordinate their care. Patients identified as needing extra time were flagged on the computer system and provided with a double appointment with on the day or planned home visits when required. The practice was part of the whole systems integrated care (WSIC) project and ran a weekly GP led clinic at the local Hub centre where patients were given an hour long appointment for a thorough medical and holistic review. These appointments were attended by GPs, district nurses and social services care coordinators.
- The practice held registers for patients in receipt of palliative care, had complex needs or had long term conditions. The practice was fully engaged with CCG locality working which involved monthly locality meetings with community services and multi-disciplinary teams (MDTs). Patients in these groups had a care plan and would be allocated longer appointment times when needed.
- Systems were in place for identifying and following-up children living in disadvantaged circumstances and who were at risk. For example, they would refer families for additional support and had multidisciplinary meetings with health visitors where any safeguarding concerns would be discussed. The practice triaged all requests for appointments on the day for all children under two when their parent or carer requested the child be seen for urgent medical matters. and told us they promoted sexual health screening.
- The practice offered working age patients access to extended appointments five evening a week. They offered on-line services for repeat prescriptions. They also offered telephone consultations for those who may not be able to get to the surgery during the working day.
- The GP told us that patients whose circumstances may make them vulnerable such as people with learning disabilities and substance misuse patients were coded on appropriate registers. Pop up alerts were placed on all computer notes to alert all members of staff to vulnerable patients. GPs told us this was to allow them to meet their specific additional needs such as double appointments, interpreter, visual/hearing impaired and risk assessment stratification. Learning Disability patients had care plans that met their needs. Patients with learning disabilities were invited annually for a specific review. We saw that there were 27 patients on the register and only 14 had been reviewed in the last 12 months. However, the practice had found that a high number of patients from the practices they had merged with had not been reviewed for some years and at the time of our inspection they had carried out reviews for the most vulnerable patients and had a clear structured plan for reviewing the remaining patients in this group.
- The practice had a register of patients experiencing poor mental health. These patients were invited to attend annual physical health checks and 211 out of 235 had been reviewed in the last 12 months. The practice worked closely with Primary Care Plus, an intermediate care service linking primary and secondary care for patients with mental health problems who have been discharged from secondary care. They also refer patients with poor mental health who they are concerned about or are hard to reach for assessment and monitoring. Patients are also referred to Improving access to psychological therapies (IAPT services).
- The practice had achieved 100% of the latest QOF points for patients with dementia which was above both CCG and national averages. The practice had annual reviews for patients with dementia, which included early consideration of advance care planning. All dementia patients had a care plan which both they and carers had been involved in drafting.

# Are services responsive to people's needs?

## (for example, to feedback?)

- The premises were accessible to patients with disabilities and there was a hearing loop installed. The waiting area was large enough to accommodate patients with wheelchairs and allowed for easy access. Accessible toilet facilities were available for all patients attending the practice.

### Access to the service

The practice was open between 8am to 6.30pm on Monday to Friday, They had extended hours on Saturday from 9am to 5pm. The telephones were staffed throughout working hours. The appointment booking system was based around a telephone triage service which meant that patients requesting an appointment were called back by a GP and once triaged if they needed an appointment a slot would be allocated. The GPs told us they had implemented this system a year ago and were continually reviewing it. They said if vulnerable patients came direct to the practice they would be given an appointment there and then and that vulnerable older patients had a by-pass number that they could call to get through to a GP directly.

They had also identified inherent difficulties with managing patients with chronic diseases using this triage system and as a result had established dedicated clinics with a proactive management schedule to ensure that every one of these patients received a review.

Patients were directed to NHS 111 service when the practice was closed. The details of the 'out of hours' service were communicated in a recorded message accessed by calling the practice when closed and details can also be found on the practice website. Longer appointments were available for patients who needed them and those with long-term conditions. This also included appointments with a named GP or nurse.

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

- 80% of patients were satisfied with the practice's opening hours which was above the national average of 78%.
- 83% of patients said they could get through easily to the practice by phone which was above the national average of 73%.

People we spoke to on the day of the inspection told us they were able to get appointments when they needed them.

### 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, for example posters were displayed in reception and, summary leaflet were available.

We looked at the nine complaint received in the last 12 months and found they were all dealt with in a timely way, in line with the complaints policy. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice vision and values was to provide high quality, safe services to their patients by focusing on prevention of disease and promoting health and wellbeing. They said they worked in partnership with patients, their families and carers, towards a positive experience and understanding by involving them in decision making about their treatment and care - 'Your Care Your Way'.
- The practice had a practice development plan which reflected the vision and values, which was regularly monitored and reviewed annually.

### Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas. There were clinical leads for diabetes, chronic diseases and mental health.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- A comprehensive understanding of the performance of the practice was maintained. Practice meetings were held monthly which provided an opportunity for staff to learn about the performance of the practice.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. We saw they had a risk assessment toolkit which was used annually to identify and assess any environmental risks.

- We noted that significant events and complaints were discussed amongst the practice manager and partners; however lessons learned were not always shared with all staff.

### Leadership and culture

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

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

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

- Staff told us that there was an open culture within the practice and they had the opportunity and were happy to raise issues at team meetings. Staff
- We noted that team away days were held every year and staff told us these days were to assess business priorities and socialise with colleagues.
- There were high levels of staff satisfaction. Staff were proud of the organisation as a place to work and spoke highly of the culture. Staff said they felt respected, valued and supported, particularly by the management in the practice.

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

# Are services well-led?

Good 

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG had met every three months. They analysed the results from patient surveys and submitted proposals for improvements to the practice management team. For example, patients had requested the practice to improve signage in the practice to ensure there are clear directions in the corridors towards different GPs.
- There were high levels of staff satisfaction. The practice had gathered feedback from staff generally through staff

meetings, appraisals and discussion. Staff were proud of the organisation as a place to work and spoke highly of the culture. Staff at all levels were actively encouraged to raise concerns. All staff we spoke with told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. They said they felt involved and engaged to improve how the practice was run.

## Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. A systematic approach was taken to working with other organisations to improve care outcomes and tackle health inequalities.

## 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 Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 9 HSCA (RA) Regulations 2014 Person-centred care</p> <p><b>How the regulation was not being met:</b></p> <p>The provider did not always provide care and treatment that met patient's needs.</p> <ul style="list-style-type: none"><li>• The cervical screening programme was 12% below the national average of 82%</li><li>• Childhood immunisation rates for the vaccinations given to under two year olds were below the national averages of 90%</li><li>• Performance for diabetes related indicators was 70%, which was 14% below the CCG and 20% below national averages</li></ul> <p>This was in breach of regulation 9(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>