Roundwood Park Medical Centre

Quality Report

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

Ratings

Overall rating for this service	Good
Are services safe?	Good
Are services effective?	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 Roundwood Park Medical Centre on 2 February 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. The provider was aware of and complied with the requirements of the duty of candour.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment and had expanded the range of services available to patients.
- Patients said they were treated with care and concern and we received positive feedback about the practice. National patient survey results tended to be lower than average for patient involvement however.
- Information about services and how to complain was available at the practice and easy to understand although little information was available on the practice website. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to get through to the practice by telephone and their experience of making an appointment was good. However, appointments quite often ran late and this created patient frustration.
- Patients could consult a male or female GP and a translation service was available. Urgent appointments were available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs. The practice was located in the same building as a range of community health services which facilitated good coordination of care.
- There was a clear leadership structure, an open culture and staff said they were well supported. The practice proactively sought feedback from staff and patients, which it acted on.

Summary of findings

- The practice participated in locality-wide initiatives, for example opening at the weekend and providing insulin initiation for patients from the practice and the wider locality.
- The practice was a training and teaching practice. Feedback from trainees and students about the quality of clinical education at the practice was very positive.
- There was a strong focus on learning and improvement. The practice provided examples of how it had improved outcomes, for example, in cancer care.

The areas where the provider should make improvement are:

- The practice should review whether it can reduce the frequency of late running appointments while remaining accessible to patients in need.
- The practice should improve patient satisfaction with involvement in care.
- The practice should continue to focus on improving the control of diabetes within the practice population.
- The practice should provide information on the complaints process on the practice website.

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.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed the practice was performing in line with other practices for most indicators.
- The practice had improved its performance in relation to diabetes control but was still scoring below average in the locality.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- The practice reviewed its performance and carried out clinical audit and other quality improvement work such as locality prescribing audits and benchmarking.
- 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. The practice provided good educational support to its GP registrars and students.
- Staff shared information appropriately and worked with other health care professionals to meet the range and complexity of patients' needs.
- The practice provided a range of health promotion and screening services. The practice uptake rates for cancer screening programmes were higher than the local and national averages.

Are services caring?

Good

The practice is rated as good for providing caring services.

Summary of findings

- Information for patients about the services available was easy to understand and accessible.
- Patients said they were treated with compassion, care and concern. We saw that staff treated patients politely and were helpful. The practice was able to provide examples of ways in which it had supported individual patients during serious illness or towards the end of life.
- The practice staff took care to protect patient confidentiality.
- Data from the national GP patient survey showed patients rated the practice in line with other local practices for the quality of consultations with GPs and nurses. However, the practice scored below average for involving patients in decisions in GP consultations.
- The practice signposted carers to sources of support and involved them in the care of their family members wherever possible.

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 locality network of practices in the area to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with urgent appointments available the same day. However, some patients told us they sometimes experienced delays to their appointments after arriving at the surgery.
- 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.

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.
- 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.

Summary of findings

- The partners encouraged a culture of openness and honesty. There were daily opportunities to discuss and reflect on practice.
- The practice understood their obligation to discuss adverse incidents with affected patients under the duty of candour.
- The practice sought feedback from staff and patients, which it acted on.
- There was a strong focus on continuous learning and improvement at all levels. The trainees described the practice as an excellent learning environment.

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 was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice maintained a register of housebound patients and carried out a face-to-face review with these patients at least once a year.
- The practice called patients over 65 for an annual flu vaccination. The uptake rate was higher than the national average at 78%. For patients over 75, the practice also carried out a health check at the same time if this was due.
- The practice recognised that continuity of care was important to for older patients and tried to facilitate this wherever possible.
- The location of the practice in close proximity to a range of community health services was particularly valued by older patients.

People with long term conditions

Good

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

- The practice maintained registers of patients with particular long-term conditions. Individual clinicians had lead roles for specific conditions and the practice ran clinics for common long-term conditions such as diabetes.
- Practice performance for diabetes related indicators tended to be below average and the practice had identified type 2 diabetes control as an area for improvement. For example, the percentage of diabetic patients whose blood sugar levels were controlled (that is, their most recent HbA1c measurement was 64 mmol/mol or below) was 64% compared to the national average of 78%.
- Patients with a long-term condition had a named GP and a structured annual review to check their health and medicines needs were being met. Longer appointments and home visits were available when needed.
- For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a

Summary of findings

multidisciplinary package of care. The practice participated in the Brent Integrated Care initiative and coordinated care with other community and social services teams and professionals as appropriate.

Families, children and young people

Good

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates were relatively high for standard childhood immunisations for all age cohorts. Non attendance was followed-up.
- Appointments were available outside of school hours and the premises were suitable for children and babies. Young children and babies were prioritised and seen the same day.
- The practice was located in the same building as a range of community health services. We saw positive examples of joint working and information sharing with health visitors.
- The practice was participating in research into teenage depression

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 practice was proactive in offering a full range of health promotion and screening services reflecting the needs for this age group.
- The practice had invited 77% of eligible patients for an NHS health check within the last five years and 63% of eligible patients had attended. This was a higher achievement than average.
- Cervical screening coverage was higher than the local and national average at 83%.
- The practice offered an evening surgery on Monday. Local primary care 'hub' appointments were available at the practice and two other locations in Brent during the evening and at weekends. The practice informed patients about these services and how to make an appointment.

Summary of findings

- The practice enabled patients to book appointments and request repeat prescriptions online. Patients were also able to consult a GP over the telephone.

People whose circumstances may make them vulnerable

Good

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

- The practice held registers of patients in vulnerable circumstances including people with a learning disability. Patients were offered an annual or more frequent review.
- The practice screened new patients for alcohol dependency and dementia and asked whether they had caring responsibilities. Drug and alcohol rehabilitation services were available on site.
- The practice offered longer appointments for patients with communication difficulties. Patients known to the practice to be vulnerable could access appointments on a walk-in basis.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients and also involved carers whenever appropriate. Patient and carers' views were included in their care plans.
- 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.

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 provided screening for dementia with referral for specialist diagnosis. The practice had ten patients on its dementia register. Six patients had received a review by the practice in the last 12 months.
- Thirty-two of 35 patients with a diagnosed psychosis had a documented care plan which was in line with the national average. Care plans included the views of carers where appropriate. The practice regularly monitored these patients' physical health.
- The practice acknowledged that some patients required longer and more frequent appointments. The practice had patients who attended the practice on a weekly basis.

Summary of findings

- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- The practice was aware of recent changes to mental health services in Brent and liaised with the relevant team when specialist input was required.

Summary of findings

What people who use the service say

The national GP patient survey results were published on January 2016. Questionnaires were sent to 348 patients and 89 were returned: a completion rate of 26% (that is, 2.6% of the patient list). The results showed the practice tended to perform in line with other GP practices in the local area but below the national average.

- 80% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 74% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 85%.
- 91% had confidence and trust in the last GP they saw or spoke to compared to the national average of 95%.
- 70% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 63% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 78%.
- 55% of patients said they felt they normally had to wait too long to be seen compared to the national average of 35%.

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection. We received 25 comment cards. We also spoke with three patients and one member of the patient participation group during the inspection. The patient feedback we received was positive about the quality of care. Patients frequently described the practice as excellent. Patients also commented on the helpfulness and kindness of the clinical staff and the range of services, such as phlebotomy, which were provided at the practice.

There was more mixed feedback about accessibility. The practice's national GP patient survey results tended to be below average for accessibility, for example, only 58% of patients were satisfied with the practice opening hours. However patients we spoke with told us the practice was accessible and they valued the extended opening hours offered by the practice. Two patients commented that the practice often ran late and this was also reflected in the national GP patient survey results.

Roundwood Park Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead Inspector**.** The team included a GP specialist adviser.

Background to Roundwood Park Medical Centre

Roundwood Park Medical Centre provides NHS primary medical services to around 3700 patients in the Willesden area of London, through a General Medical Services contract. The service is run from one surgery which is located within a larger purpose-built community health centre.

The current practice team comprises two GP partners (male) and a sessional GP (female), a practice nurse, a practice manager and a team of receptionists. One of the receptionists is also a qualified health care assistant.

The practice is a training practice and at the time of the inspection had two specialist GP trainees ('registrars') in post. The practice was also a teaching practice and offered short-term placements to undergraduate medical students and other eligible health professionals.

The practice is open as follows:

- Monday 8.30am-7.15pm
- Tuesday 8.30am-6.30pm
- Wednesday 8.30am-12.30pm
- Thursday 8.30am-6.30pm
- Friday 8.30am-6.30pm

Appointments are available daily between 8.30-10.30am and when the practice is open, between 4.00-6.00pm. Evening appointments are also available between 6.00-7.00pm on Monday. The practice is closed on Wednesday afternoon and over the weekend.

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.

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, the website and on a recorded telephone message.

Brent clinical commissioning group runs a 'hub' surgery from the practice premises and primary care appointments are also available weekday evenings and at the weekends at this and two other locations within the borough.

The practice has a lower proportion of patients aged over 65 than the English average and a mobile younger population. The practice population is ethnically diverse with the majority being black, Asian or from other minority ethnic groups. Income deprivation levels are higher than average in the area and male life expectancy is three years below the national average. The prevalence of some chronic diseases, notably diabetes, is high locally.

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

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.

This inspection assessed whether the registered 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 2 February 2016. During our visit we:

- Spoke with a range of staff (GP partners, the practice nurse, the practice manager and members of the reception team). We spoke with three patients who used the service and one member of the practice patient participation group.
- Observed how patients were greeted and treated at reception.
- Reviewed an anonymised sample of the personal treatment records and care plans of patients.
- Reviewed 25 comment cards where patients shared their views and experiences of the service.
- Reviewed a wide range of practice policy documents, protocols and performance monitoring and audits.
- Observed and inspected the environment, facilities and equipment.

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 partners or the practice manager of any incidents and there was a structured, recording form available on the practice computer system.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident and were told about any actions to improve processes to prevent the same thing happening again. For example, the practice had explained a medication error to the family affected. The practice kept a record of all correspondence.
- The practice analysed significant events and maintained a log on the computer system to ensure that all actions were implemented.

We reviewed safety records, incident reports, patient safety alerts and the minutes of meetings where these were discussed. Lessons were shared with the whole practice team and action was taken to improve safety in the practice. All the staff members we spoke with confirmed they attended meetings where safety incidents were discussed. Staff told us this was useful as individual incidents could result in changes to both administrative and clinical procedures. An example was a recent incident involving a mix up between two different patients.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. The GPs and practice nurse were trained to child protection 'level 3'.
- Notices in the waiting room and other areas of the practice advised patients that chaperones were available if required. The practice nurse, health care assistant andreceptionists were able to act as chaperones and had been trained. All staff had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control policy in place and staff had received training. Annual infection control audits were undertaken.
- The practice had arrangements for managing medicines, including emergency medicines and vaccines that kept patients safe (including arrangements for obtaining, prescribing, recording, handling, storing and security of medicines). The practice carried out regular medicines audits, with the support of the local Clinical Commissioning Group (CCG) pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. The practice had a GP prescribing lead who received benchmarking data which was reviewed in the quarterly meetings with CCG pharmacist.
- Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow the nurse to administer medicines in line with legislation. The practice did not keep controlled drugs (medicines that require extra checks and special storage because of their potential misuse) on the premises.
- We reviewed the personnel files of one staff member who had been recruited within the last two years 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. The practice was a member of the Harness locality group of GP practices and had started to use recruitment advice and resources which had been developed at locality level.

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 health and safety policies and displayed their health and safety law poster as required. The practice did not own the premises and the property management agency shared relevant health and safety information with them. The practice was able to show us a copy of the workplace and fire risk assessments including an evacuation plan. Fire drills covering the whole building were carried out on occasion. There were weekly tests of the fire alarm. The practice manager carried out daily practice premises checks including fire safety. Fire safety equipment was installed and regularly checked.
- Electrical equipment was checked to ensure the equipment was safe to use. 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 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 the different staffing groups to ensure that enough staff were on duty to meet patient needs. A number of staff members had recently reduced their working pattern or had retired. The practice had recruited a sessional GP and a part time practice manager to ensure that the needs of patients and the GP trainees were met. One of the receptionists had qualified as a health care assistant to support the clinical team. The practice had systems in place to cover unplanned staff absence.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training.
- There were appropriate emergency medicines available in the treatment room. 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 fit for use.
- The practice had a defibrillator available on the premises with adults and children's defibrillator pads and oxygen with adult and children's masks. The practice also kept a first aid kit and accident log. There had been no recent accidents.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The practice had arrangements in place to share premises or equipment in the event of a major incident.

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 partners were aware of the local Joint Needs Strategic Assessment and local health issues such as the increasing prevalence of type 2 diabetes.

- 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 clinical guidelines were followed through significant event analysis, audits and case finding exercises. For example, the practice had reviewed its systems in relation to 'two week' cancer referrals following a significant event. We reviewed a sample of patient records that showed that the practice was following good practice guidelines.

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 89.5% of the total number of points available compared to the national average of 94.8%.This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Practice performance for diabetes related indicators tended to be below the clinical commissioning group (CCG) and national averages. For example, the percentage of diabetic patients whose blood sugar levels were controlled (that is, their most recent HbA1c measurement was 64 mmol/mol or below) was 64% compared to the national average of 78%. The percentage of diabetic patients whose last blood pressure reading was in the normal range was 68% compared to the national average of 78%. Eighty-seven per cent of the practice's diabetic patients had a recorded foot examination within the last year which was close to the national average of 88%.
- The practice had identified better control of diabetes as one of their biggest challenges and had carried out an ongoing annual clinical audit reviewing diabetes care. The practice had also started providing insulin initiation in the practice; had introduced nurse-led diabetic clinics and run in-house staff training and clinical education sessions and targeted patients for annual review.
- The practice could demonstrate that diabetic control had improved, for example, the percentage of diabetic patients whose blood sugar levels were well controlled (that is, their most recent HbA1c measurement was 59 mmol/mol or below) had increased from 39% in 2010 to 58% by 2015. Sixty-four per cent of diabetic patients' most recent HbA1c measurement was adequately controlled below 64 mmol/mol compared to the national average of 78%.
- Performance for mental health related indicators was better than the national average For example 91% of practice patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive care plan documented in their records compared to the national average of 88%.

There was much evidence of quality improvement.

- The practice carried out clinical audits. There was a clear rationale for the topics chosen for review, for example following a change to guidelines or where the practice was not performing as highly as other practices. The practice also selected areas for audit that were not already reviewed through QOF or the locality. For example, it had carried out a two-stage audit cycle of the care of patients with viral hepatitis B and C. The audit had raised staff awareness of the importance of opportunistic discussion and annual reviews to engage with this group of patients who were at increased risk of multiple serious health problems.
- The practice also participated in locality-wide prescribing and admissions audits, national benchmarking and peer review.
- Findings were used by the practice to improve services. For example, the practice had identified cancer care as an area for improvement in 2010 partly because its rate of two week referrals seemed relatively low. The practice

Good

Are services effective?

(for example, treatment is effective)

reviewed its cancer services as a whole and identified a number of areas for action. These included actively following up patients who had not responded to invitations for bowel or breast screening; reviewing cancer guidelines at lunchtime clinical meetings and encouraging discussion within the team of patients presenting with 'vague symptoms'. By 2014, the practice had increased screening uptake and its two week cancer referrals had nearly trebled. The cancer death rate for the practice population fell from 222 (per 100 000 patients) to 30 over this period.

- The practice used a referral management service which provided feedback to the practice when alternatives to referral might be more appropriate.

Effective staffing

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

- 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. New staff were supported and had a period of shadowing more experienced colleagues. The practice induction procedure included competency assessment and new staff members were allocated a buddy.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, 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, practice meetings and mentoring. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training and other learning opportunities put on across the locality group.
- The practice was a training and teaching practice and had a strong focus on clinical education with regular learning sessions and seminars for trainees and students. Trainees were supported for example by being accompanied on home visits by one of the established doctors and having longer appointment times at the start of their training period. The practice provided access to online, video and written learning resources.

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.
- The practice shared important information with the out of hours service, for example about patients who were housebound or receiving palliative care.
- The practice was located within the same building as other community health services and we were told this greatly facilitated good communication and relationship building between different 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 care and treatment. This included when patients moved between services, when they were referred, or after they were discharged from hospital.

The whole practice team met monthly. The agenda included standing items such as patient deaths, significant cases or events, safeguarding, audit results and staff and patient feedback and complaints. District nurses and social services professionals joined for the clinical section of the meeting.

The practice had identified 2% of the practice population assessed to be at risk of unplanned admission or vulnerable to rapid deterioration. The practice developed

Good

Are services effective?

(for example, treatment is effective)

care plans with patients and their carers. Care plans were discussed and updated at monthly locality multidisciplinary meetings to ensure that care was coordinated around the needs of patients and carers.

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. Staff had received online training on the Act and their responsibilities.
- 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 relevant professional 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; patients at risk of developing a long-term condition and those requiring advice on their lifestyle. Patients were signposted to the relevant service.

The practice's coverage for the cervical screening programme was high at 83% and uptake was 75% (that is the percentage of women who attended within six months of invitation) which was significantly higher than the CCG average of 68%. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and women who were referred as a result of abnormal results were followed up.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Practice population coverage for breast screening was significantly higher than the CCG average with 77% of eligible women having been screened compared to the local average of 66% and the national average of 72%. Bowel cancer screening rates were also higher than the local average.

Practice childhood immunisation rates tended to be better than other practices locally. For example, 80% of two year old practice patients had received the 'five-in-one' vaccination compared to 68% in the CCG overall.

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 identified risk factors or abnormalities were followed up with a GP or nurse 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.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

The 25 comment cards we received were positive about the quality of care. The patient feedback we received was also positive about the quality of care. Patients frequently described the practice as excellent. Patients also commented on the helpfulness and kindness of the clinical staff and the range of services, such as phlebotomy, which were provided at the practice.We spoke with one member of the patient participation group (PPG). They also told us the group considered that the practice provided an excellent service and had improved over the last few years.

Results from the national GP patient survey showed patients felt they were treated with care and compassion. The practice tended to score in line with the local average for its satisfaction scores on consultations with GPs but somewhat below the national average. For example:

- 82% 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%.
- 91% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and the national average of 95%.
- 76% 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%.
- 84% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 83% and the national average of 91%.
- 86% of patients said they found the receptionists at the practice helpful compared to the CCG average of 83% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They told us they felt listened to and supported by staff and had sufficient time during consultations to make informed decisions about treatment choices. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans included patient and carers' views and had been drawn up or updated with their involvement.

Results from the national GP patient survey showed patient scores in relation to being involved in decisions about care tended to be below average for GP consultations. For example:

- 75% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 82% and the national average of 86%.
- 68% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 77% and the national average of 82%.
- 81% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 77% and the national average of 85%.

The practice population was ethnically diverse. The practice provided facilities to help patients communicate effectively with the staff and be involved in decisions about their care:

- Practice staff spoke a number of locally spoken languages in addition to English. Translation services were also available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available. The practice also had an induction loop at reception.

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.

Good

Are services caring?

The practice's computer system had the facility to alert staff if a patient was also a carer. The practice kept a register of patients who were also carers. The practice told us that they involved carers whenever possible in the care of vulnerable patients or patients suffering from complex or debilitating conditions and were flexible in providing appointments that carers were able to attend. We saw that carers' views had been included in the care plans that we reviewed and discussed at multidisciplinary meetings. Written information was available to direct carers to the various avenues of support available to them.

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

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 locality group of practices to secure improvements to services where these were identified. For example, the practice provided phlebotomy, ECG monitoring, and insulin initiation to its own patients and the patients of other practices in the locality to reduce the need for patients to travel.

- The practice offered evening appointments on Monday for patients who could not attend during normal opening hours.
- The practice gave patients with learning disabilities or mental health problems longer appointments when appropriate.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for pregnant women, young children and babies.
- The practice offered a full range of NHS and private travel vaccinations with information about relevant costs and when to seek vaccination in order to have sufficient protection while abroad.
- There were disabled facilities, baby changing facilities, a hearing induction loop and translation services.

Access to the service

The practice was open as follows:

- Monday 8.30am-7.15pm
- Tuesday 8.30am-6.30pm
- Wednesday 8.30am-12.30pm
- Thursday 8.30am-6.30pm
- Friday 8.30am-6.30pm

Appointments were available daily between 8.30am-10.30am and between 4.00pm-6.00pm except on Wednesday when the practice closed for the afternoon. Evening appointments were available between 6.00pm-7.00pm on Monday.

The practice offered online appointment booking and an electronic prescription service. The GPs made home visits to see patients who were housebound or too ill to visit the practice.

Results from the national GP patient survey showed that patient satisfaction with access to the service was mixed. The practice scored much better than average for ease of getting through on the telephone and patients were satisfied with the process of obtaining an appointment. Patients were more critical of the practice opening hours.

- 80% of patients said they could get through easily to the practice by phone compared to the CCG average of 67% and the national average of 73%.
- 58% of patients were satisfied with the practice's opening hours compared to the CCG average of 71% and the national average of 75%.
- 74% were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 77% and the national average of 85%.
- 73% describe their experience of making an appointment as good compared to the CCG average of 67% and the national average 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.

Patients unable to obtain an appointment the same day were able to speak with a GP over the telephone who could assess whether an emergency appointment or other action was appropriate.

Patients requiring home visits were requested to ring before 10.30am and their request passed to the GP. The GP might telephone the patient or their carer to decide on appropriate prioritisation according to clinical need. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Practice patients were also able to access the local primary care 'hub' services offering evening and weekend appointments.

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.

Good

Are services responsive to people's needs?

(for example, to feedback?)

- 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 the practice had displayed a notice about how to feedback comments about the service or make a complaint. This also told patients what to do if they were unable to make a complaint in writing. However, there was little information about the complaints process on the practice website. (The website included a translation facility.)

We looked at two complaints received in the last 12 months and found these were handled in line with the practice complaints policy. One of these was a written complaint and the other anonymous feedback posted on a public website. The practice was open in following up the complaint, for example, offering to meet the patient to discuss the problem. The practice responded to complaints with an apology.

Lessons were learnt from concerns and complaints and shared with the wider team. In one example, the practice had breached patient confidentiality and as a result the full team met to review their responsibilities under the Data Protection Act. Staff we spoke with recalled the incident and knew how to respond should a similar situation arise again. In another example, patient feedback had highlighted long waits at the baby clinic. The practice identified that the introduction of the meningitis vaccination was creating delays and extended the nurse appointment times to resolve the issue.

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 partners stated the practice ethos was to provide high quality care in a supportive learning environment. Staff were clear about the vision and their responsibilities in relation to it.

- The practice had a robust strategy and supporting business plans which were regularly monitored. For example, the practice had expanded the number of services and clinics provided to patients at the practice to reduce the need for patients to travel.

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. The practice had experienced a period of staff change due to retirement and changes in working pattern. The practice had planned for this and recruited new members of staff and secured interim staff to cover staffing gaps.
- 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 was responsible for out-of-hours care for its patients and contracted with an out-of-hours provider for this service. The practice team met with the contracted provider annually to review performance and identify any improvements.

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 monthly staff meetings which the whole team attended and there were also daily clinical meetings and discussion. Meeting minutes were kept for future reference and to check that outstanding actions had been completed.
- There was evidence that changes to policies, guidelines, systems and processes were shared with staff. For example, staff members had signed updated policies to indicate they had read and were aware of the current version.
- Staff said they felt respected, valued and supported by the partners in the practice and the practice manager. The trainees described the practice as an excellent learning environment. The salaried doctor had originally been a GP trainee at the practice and said they were very pleased to return to this practice.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues.
- The provider complied with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- The practice shared information and learning within and outside the team. The practice was an active member of a group of 21 GP practices known as the 'Harness' locality. The practice regularly attended locality meetings and took advantage of available locality resources, for example, on recruitment.

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 and engaged patients in the delivery of the service.

- The practice had recently restarted its Patient Participation Group and had recruited five members. It had also gathered feedback from the national survey, comments and complaints and the friends and family test. The practice responded to feedback posted on the most popular internet feedback sites. As a result, the practice had developed an action plan. The plan included actions to inform patients when clinics were running late and to improve communication about practice developments.

Are services well-led?

Good

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

- The practice also gathered feedback from staff through appraisals and staff discussion and training feedback. Staff and trainees told us they would feel comfortable giving feedback and could raise any concerns with the practice manager or their GP trainer.

Continuous improvement

There was a focus on learning and improvement at all levels within the practice. The practice was able to demonstrate many examples where it had reviewed and investigated its clinical performance, for example cancer care. It had also acted to improve procedures, for example, improving the timeliness of hospital letters. The practice was an active member of the locality group and could demonstrate how this had benefited patients.