

Selsdon Park Medical Practice

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

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection on 5 July 2016. Overall the practice is rated as good.

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

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

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

We saw one area of outstanding practice:

- The practice had introduced a series of weekly audits of antibiotic prescribing for individual GPs in order to identify good practice and to challenge one another to carefully consider all prescriptions. This led to the introduction of a clinical template used during consultations containing the most recent NICE guidance. Evidence indicated a week on week decrease in prescribing.

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 shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- The patient participation group (PPG) organised regular health talks at a local community hall. Recent topics included obsessive compulsive disorder (OCD) in children which was attended by 30 people, back pain attended by 80 people and the early signs of cancer attended by 70 people.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice at or above average for several aspects of care.

Good



Summary of findings

- 97% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible. There was a hearing loop in the practice.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection. We received 46 comment cards of which 44 were positive about the standard of care received.

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 (CCG) to secure improvements to services where these were identified. The practice used CCG data to benchmark its clinical performance.
- 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.
- All 12 patients we spoke to on the day of the inspection had attended for a same day appointment, and two unregistered patients were offered same day appointments.
- Reception staff at the practice told us they could choose to book longer appointments for patients, for example if a patient was particularly anxious, upset or had difficulty communicating.
- British sign language (BSL) interpreters were available for deaf patients. One of the receptionists was able to use BSL.
- The practice had conducted audits to identify ways of improving access to appointments.
- 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.
- The practice had completed an audit of demand for appointments and made several changes to the appointment

Summary of findings

system as a result. This resulted in the number of clinics running late over a nine week period being reduced from 22 to one; increased patient satisfaction with booking appointments, and doctors reported reduced stress levels as a result of more manageable demand for appointments.

Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.
- The patient participation group (PPG) was closely involved with service delivery, including patient surveys, complaints data, health talks, and business decisions.
- The GP partners and salaried GPs took turns to act as a daily education supervisor, who did not see patients but supported the GP registrars, nurses and healthcare assistants.

Good



Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice kept a list of patients at reception who were receiving end of life care, these patients and their families were treated as a priority by reception staff.
- The practice employed a duty doctor who would use the practice protocol to assess all requests for a home visit based on clinical need, and allocate patients who needed a consultation to one of the GPs.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Patients and their carers were contacted by the practice as soon as they were discharged from hospital.
- The practice held multidisciplinary meetings to discuss patients at risk of hospital admission.
- Performance indicators for patients with diabetes were in line with local and national averages.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and 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.

Good



Families, children and young people

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

Good



Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 91%, which was higher than the CCG and national averages of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age people (including those recently retired and students).

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- 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 practice is rated as good for the care of people whose circumstances may make them vulnerable.

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

Good



Summary of findings

- 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)

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

- 95% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the record in the preceding 12 months, which was comparable to the local and national average.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- 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.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

What people who use the practice say

The national GP patient survey results were published on 1 July 2016. The results showed the practice was performing in line with or above local and national averages. Two hundred and eighty eight survey forms were distributed and 118 were returned. This represented 1% of the practice's patient list.

- 94% of patients said they could get through easily to the practice by phone compared to the clinical commissioning group (CCG) average of 73% and the national average of 73%.
- 91% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 84% and the national average of 85%.
- 93% of patients described the overall experience of this GP practice as good compared to the CCG average of 82% and the national average of 85%.

- 91% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to CCG average of 75% and the national average of 78%.
- 97% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 46 comment cards of which 44 were positive about the standard of care received. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Comments were also made about responsive and individualised care.

We spoke with 11 patients during the inspection. All 11 patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

Selsdon Park Medical Practice

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, a practice manager specialist adviser and an Expert by Experience.

Background to Selsdon Park Medical Practice

Selsdon Park Medical Practice is a large practice based in Selsdon, Croydon. The practice list size is approximately 10700 patients. The practice population is very diverse and is in an area in London of low deprivation. The practice has a Personal Medical Services (PMS) contract.

The practice is located in a purpose built community and health centre and includes eight consulting rooms, one treatment room, one patient waiting room and several administrative offices. The premises are wheelchair accessible and there are facilities for wheelchair users including a disabled toilet.

The staff team comprises three male partners (one of which is the managing partner), one female partner, five salaried GPs and two GP registrars, providing a total of 50 GP sessions per week. There are four female practice nurses, two female healthcare assistants, a director of operations, a facilities manager and a reception manager. Other practice staff include seven female receptionists and five administrators.

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 9am to 12noon every morning and 3.30pm to 6.30pm daily. Blood tests were available from 8.00am daily. Extended hours appointments were offered from 6.30pm to 8pm on Monday and Wednesday, and from 6.30pm to 7pm on Tuesday.

When the practice is closed patients are directed (through a recorded message on the practice answer phone) to call the local out-of-hours provider or NHS Direct. This information is also available on the practice website.

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

Why we carried out this inspection

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

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 5 July 2016.

During our visit we:

- Spoke with a range of staff including partners, salaried GPs, nurses, management, reception and administrative staff and 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 manager of any incidents and there was protocol available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again. An example was seen of a baby who had been subject to a medicines error. The mother of the baby had been contacted twice with an explanation and apology, and had been invited to the practice for a check-up. Minutes of practice meetings showed this incident had been discussed with clinical staff who had been reminded to check patient records before administering vaccinations.
- The practice identified significant events that had taken place at other services. For example one patient attended the practice with personal information about a different patient, a result of a mix up at a local hospital. This was recognised as a significant event and the practice reviewed its confidentiality policy as a result, as well as contacting the hospital to investigate further.
- The practice carried out a thorough analysis of the significant events and shared learning with the local Clinical Commissioning Group (CCG).

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding.
- The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies, minutes of these meetings were seen. Evidence was seen of appropriate referrals being made where the practice was concerned about a child or vulnerable adult. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. Reception staff told us that they were made aware of safeguarding concerns about patients and would alert clinical staff if a vulnerable patient was attending the practice.
- The practice kept a safeguarding register and alerts had been set up on patient records.
- GPs were trained to child protection or child safeguarding level 3, nurses to level 2 and administrative staff to level 1. All staff had received adult safeguarding training.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements

Are services safe?

identified as a result. The most recent infection control audit was carried out by an external contractor in January 2016 and the practice had scored 98%. The practice produced an infection control annual statement which was reviewed every 6 months and there were three-monthly reviews of the practice's sharps management.

- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment). Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to

monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

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

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. In one example of an emergency, a patient collapsed outside a consultation room. When the incident occurred it had taken some time to find an oxygen mask which fitted both the patient and the emergency oxygen cylinder. The practice emergency policy was followed and a paramedic crew arrived to treat the patient. The incident was discussed at subsequent team meetings and the practice had learned from the incident by introducing routine checks of oxygen masks. The paramedic who attended to the patient subsequently returned to the practice to compliment the team on their response to the incident.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and 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 99% of the total number of points available with 8% clinical exception reporting rate. (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 2014/15 showed:

- Performance for diabetes related indicators was 92%, which was comparable to the Clinical Commissioning Group (CCG) average of 86% and the national average of 89%. For example, 85% of patients had well-controlled diabetes, indicated by specific blood test results, compared to the CCG average of 78% and the national average of 78%.
- The number of patients who had received an annual review for diabetes was 92% compared to the CCG average of 87% and the national average of 88%.
- Performance for mental health related indicators was 100%, which was above the CCG average of 91% and the national average of 93%. For example, 95% of a total of 86 patients with schizophrenia, bipolar affective

disorder and other psychoses had a comprehensive, agreed care plan documented in the record in the preceding 12 months, compared to the CCG average of 85% and the national average of 88%.

- The number of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 86% compared to the CCG average of 85% and the national average of 84%.

The practice employed a prescription officer in 2014 to manage all routine prescription requests, medicines reviews, hospital discharge letters and medicine changes. The prescription officer would also contact patients who were due for various reviews, vaccinations and health checks in order to improve QOF performance, as well as adding notes to patient records to prompt the practice GPs when a patient attended for routine appointments.

There was evidence of quality improvement including clinical audit.

- There had been six clinical audits carried out in the last two years, two of these were completed audits where the improvements made were implemented and monitored. One completed audit of minor surgery carried out in the practice resulted in the introduction of a new technique for irrigating surgical cavities. This led to a reduction in the rate of post-operative infection from 4.1% of 49 patients in the first cycle to 1.9% of 89 patients during the second cycle of the audit.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve systems. For example, an audit of prescription and monitoring of oral nutritional supplements in the practice identified that NICE guidelines were not being met. The practice responded to this by introducing alerts to the clinical system and providing additional online training. This was due to be re-audited at the time of the inspection.
- The practice had introduced a series of weekly audits of antibiotic prescribing for individual GPs in order to identify good practice. This led to the introduction of a clinical template used for during consultations containing the most recent NICE guidance.

Effective staffing

Are services effective?

(for example, treatment is effective)

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. There was an induction pack, checklist and programme for locum and trainee GPs.
- The GP partners and salaried GPs took turns to act as a daily education supervisor, who did not see patients but supported the GP registrars, nurses and healthcare assistants as well as taking messages and carrying out administrative duties.
- There was a daily duty doctor in place who would triage any requests for urgent appointments throughout the morning.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, the practice nurse had received additional training in diabetes management and held a regular clinic for diabetic patients. Two of the practice GPs had completed postgraduate qualifications for GPs with a special interest in dementia and a third GP had received training from the local referral support service.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- The practice had introduced a protocol used by the reception manager to ensure that when GPs were absent all their pathology results were seen and actioned on the same day.
- Patients and their carers were contacted by the practice as soon as they were discharged from hospital, to discuss any changes in their condition or medication, or to arrange an appointment if needed.
- The practice used the NHS "coordinate my care" service to prepare urgent care plans for palliative care patients, which were electronically stored and shared with other providers involved with end of life care.

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.

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.

Are services effective?

(for example, treatment is effective)

- Information about capacity, power of attorney and advance decisions were recorded in patient notes and coded for ongoing monitoring.
- 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.
- A dietician was available on the premises and smoking cessation advice was available from a local support group.
- The patient participation group (PPG) organised regular health talks at a local community hall. Recent topics included obsessive compulsive disorder (OCD) in children which was attended by 30 people, back pain attended by 80 people and the early signs of cancer attended by 70 people.
- The practice held regular clinics for dementia care, diabetes and long term conditions.

The practice's uptake for the cervical screening programme was 91%, which was higher than the CCG and national

averages of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were in line with and above CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 85% to 96% (compared to the CCG averages of 85% to 93%) and five year olds from 79% to 100% (compared to the CCG averages of 69% to 92%).

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.
- We observed reception and nursing staff assist some elderly patients to move around the practice.

Forty-four of the 46 patient Care Quality Commission comment cards we received were positive about all aspects of the service experienced, one was mixed and one was critical of the reception area. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Comments were also made about responsive and individualised care. For example one patient commented that the practice had arranged for a prescription to be picked up from a pharmacy in a different area at short notice.

We spoke with three members 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 or above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 89% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 87% and the national average of 89%.

- 87% of patients said the GP gave them enough time compared to the CCG average of 84% and the national average of 87%.
- 97% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and the national average of 95%.
- 86% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 82% and the national average of 85%.
- 89% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% and the national average of 91%.
- 97% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.

Reception staff at the practice told us they could choose to book longer appointments for patients, for example if a patient was particularly anxious, upset or had difficulty communicating.

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 patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

- 82% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and the national average of 86%.
- 83% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 79% and the national average of 82%.

Are services caring?

- 83% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 84% and the national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 155 patients as carers (1.5% of the practice list). Written information was available to direct carers to the various avenues of support available to them. The practice told us they were planning to introduce a support group for carers.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation or by giving them advice on how to find a support service. One patient we spoke to had been recently bereaved, she told us that the practice had contacted her and given her details of support services, also because she was well known by staff they had been kind and sensitive whenever she attended the practice.

The practice kept a list of patients who were receiving end of life care and this was kept at reception so that staff were aware to treat these patients and their families with sensitivity and appropriate advice.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The practice prescribing audit had been shared with the CCG pharmacy lead, and outcomes of other clinical audits were shared with the CCG and NHS England.

- The practice offered extended hours appointments for people who could not attend during normal opening hours. These were offered from 6.30pm to 8.00pm on Monday and Wednesday, and from 6.30pm to 7.00pm on Tuesday.
- Blood tests were available from 8.00am daily.
- The practice had introduced a text messaging system to remind patients about appointments.
- There were longer appointments available for patients with a learning disability.
- The practice kept a list of patients with a learning disability and monitored annual reviews for these patients.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.
- British Sign Language (BSL) interpreters were available for deaf patients.
- The practice used clear signage throughout the practice to assist people with dementia, which it kept under review.
- The practice had developed its own paediatric assessment template for use in consultations.

- The practice employed musculoskeletal specialists who would also see patients from neighbouring practices for joint injections.
- The practice hosted weekly private podiatry and osteopathic clinics.
- The practice worked with the local hospital to provide same day interpretation of electrocardiogram (ECG) tests.

Access to the service

The practice was open between 8.00am and 6.30pm Monday to Friday. Appointments were from 9.00am to 12.00 noon every morning and 3.30pm to 6.30pm daily. Blood tests were available from 8.00am daily. Extended hours appointments were offered from 6.30pm to 8.00pm on Monday and Wednesday, and from 6.30pm to 7pm on Tuesday. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

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

- 82% of patients were satisfied with the practice's opening hours, compared to the clinical commissioning group (CCG) average of 75% and the national average of 76%.
- 94% of patients said they could get through easily to the practice by phone compared to the CCG average of 73% and the national average of 73%.
- 91% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 84% and the national average of 85%.
- 83% of patients described their experience of making an appointment as good, compared to the CCG average of 72% and the national average of 73%.

The practice told us that previous GP patient surveys and discussion with their patient participation group had highlighted problems with patient access to appointments. They responded to this by upgrading their telephone system in 2015, introducing online booking and employing an additional receptionist to work in the mornings. The practice had also carried out a two-cycle audit of daily demand for same day appointments, and changed the

Are services responsive to people's needs?

(for example, to feedback?)

distribution of these appointments accordingly. GP staff adjusted their working hours to better accommodate patient demand. A second cycle of this audit showed that day to day variation in demand had been reduced and clinics were more often finishing on time.

The practice would release appointments at 3.00pm daily for the afternoon GP sessions and reception staff and management told us they would anticipate the need to release appointments at certain times during the day, based on the daily demand for appointments. The practice had installed a separate telephone line for prescription and medicinesqueries to take pressure off the reception staff.

People told us on the day of the inspection that they were able to get appointments when they needed them and that they let them know in reception if appointments were running late. All 11 patients we spoke to, and two unregistered temporary patients had booked their appointment on the day of the inspection.

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.

The practice employed a duty doctor who would use the practice protocol to assess all requests for a home visit based on clinical need, and (if appropriate) allocate the home visit to one of the GPs. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits. The practice liaised with the district nursing team to coordinate home visits with blood tests and flu jabs for house bound patients.

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 and leaflets were available at the reception.
- The practice responded to both positive and negative comments left on the NHS choices website.

We looked at six complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way, and with openness and transparency. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, several complaints relating to patient access to appointments had resulted in several changes to the appointment booking system and an increase in the reception staff in the morning. In another example, a complaint was made about access to appointments by a patient who was a medical professional. The patient was invited to a meeting with the practice partners to discuss improvements to the appointment system.

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 had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- The practice held regular partners' meetings at which the GPs would discuss future business and strategic plans, and business meetings attended by GP and nursing staff to discuss daily management, staffing and quality monitoring.
- Business decisions were shared with the practice patient participation group (PPG) who were able to vote on proposed changes, such as the use of magazines in the waiting area and the content of the "on hold" telephone message.

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 in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- The practice involved the entire staff team to improve their quality outcomes framework (QOF) performance. The reception managers, administrators, prescribing officer, nurses and GPs we spoke to described how they helped to improve QOF.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.

- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- The practice maintained a file of clinical resources, alerts, NICE guidelines and protocols which was constantly updated and shared with clinical staff.

Leadership and culture

On the day of inspection the partners 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 partners 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.
- The practice responded to both positive and negative comments left on the NHS choices website.

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. We noted team away days were held at least every 6 months.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members

Are services well-led?

Good 

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

of staff to identify opportunities to improve the service delivered by the practice. Staff told us that management dealt sympathetically with any personal problems they were experiencing and they felt proud to work at the practice.

- The GP partners and salaried GPs took turns to act as a daily education supervisor, who did not see patients but supported the GP registrars, nurses and healthcare assistants as well as taking messages and carrying out administrative duties.

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

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 met monthly, carried out their own patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG had suggested removing the recorded message that played on the practice telephone line, this reduced the amount of time you would spend on the telephone and free up time for reception staff. The PPG commented that receptionists now take far less time to answer calls. PPG feedback had also led to the installation of a hearing loop at the practice and they had been involved in various improvements to the appointment booking system.

- The PPG were supported to produce a quarterly newsletter for patients, which contained information about changes to the practice, additional services for patients and future health talks. The PPG had arranged a meeting with the local Healthwatch group, with the intention of working collaboratively in future, and had invited members of another local PPG to attend their meeting.
- The PPG had produced a patient survey which was handed out in the practice during the national PPG awareness week between 6 and 11 June 2016. Two hundred and sixty nine responses were received.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. A member of the nursing team suggested they become members of a specialist travel health organisation this and was immediately agreed by the practice partners. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. GPs attended regular training sessions arranged by the clinical commissioning group (CCG) and as a teaching practice they supported the professional development of GP registrars.