

Kings Lane Medical Practice - Dr D Kershaw

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 at Kings Lane Medical Practice - Dr D Kershaw on 5 April 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. Systems were in place for reporting, recording and learning from accidents, significant events and untoward incidents. Staff understood and fulfilled their responsibilities to raise concerns and to report incidents and near misses.
- Staff were trained in safeguarding and protection of children and vulnerable adults and understood their roles and responsibilities. Local authority guidance and protocols were accessible and staff were aware of how to raise concerns.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients were treated with care, compassion, dignity and respect and they were involved in their care and decisions about their treatment. They were given time at appointments and full explanations of their treatment were given. They valued their practice and felt confident with the skills and abilities of staff.
- We observed a strong patient-centred culture from dedicated staff.
- The practice proactively sought feedback from staff and patients, which it acted on. For example, amending the appointment system following surveys and patient participation group (PPG) feedback.
- Information about services and how to complain was available and easy to understand.
- Patients were able to access convenient appointments; however comments indicated there was a lack of continuity of care with GPs.
- The practice had good, modern facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management.
- The provider was aware of and complied with the requirements of the Duty of Candour.

Summary of findings

The areas where the provider should make improvement are:

- Review the audit program to include infection control audits being undertaken regularly and where local prescribing issues are identified, that these are audited to establish adherence to the local prescribing guidance.
- Review the practice's policies and procedures including infection control policies and procedures to make them accessible to staff and up to date with current guidance and legislation.
- Review the process for learning from significant events and complaints to include regular reviews to learn from themes and trends and to monitor completion of action plans.

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.

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. There were systems in place for reporting and recording accidents, incidents and significant events
- Lessons were shared to make sure action was taken to improve safety in the practice, however overall themes and trends were not identified and shared.
- 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 managed. Infection control policies and procedures needed updating and accessible. Infection control audits should be undertaken on a more regular basis.

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; however some, such as infection control audits, should be undertaken on a more frequent basis.
- 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.

Good



Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- Data showed that patients rated the practice around average and in some cases higher than average for aspects of care rated. For example, 89% of respondents to the National GP Patient's survey said they found the receptionists helpful compared to a local CCG average of 91% and a national average of 87% and 91% said the last GP they saw or spoke to was good at treating them with care and concern (compared to a national average of 85%).
- 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.
- Staff were motivated and inspired to offer kind and compassionate care and we saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- It reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they were able to access convenient appointments. However, there was a lack of continuity of care with patients telling us they found it difficult to make an appointment with a GP of their choice or the same GP.
- 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. Evidence showed that the practice responded quickly to issues raised.

Good



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 policies and procedures to govern activity however these were not easily accessible to staff. Some were

Good



Summary of findings

not dated with issue and review date and some, for example, in the case of infection control and safeguarding policies and related procedures were lacking in detail and were not up to date.

- There were arrangements in place to monitor and improve quality and identify risk. Practice meetings and clinical meetings were held however these could be improved in order to promote dissemination of learning from audits, significant events and complaints.
- 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 knowing about notifiable safety incidents.
- The practice proactively sought feedback from staff and patients, which it acted on. There was an active patient participation group who were involved in practice developments.

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 had a higher than national and local clinical commissioning group (CCG) average number of elderly patients with 34% over the age of 65. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people.

- The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in avoiding unplanned admissions, dementia, nursing and residential care home support and end of life care.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Nursing and care home visits were undertaken. The practice was a member of the local elderly care network and liaised closely with community integrated care teams.

Good



People with long term conditions

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

The practice maintained and monitored registers of patients with long term conditions for example, cardiovascular disease, diabetes, chronic obstructive pulmonary disease and heart failure. These registers enabled the practice to monitor and review patients with long term conditions effectively.

- GPs, supported by practice nurses, had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Annual reviews for all patients with long term conditions such as diabetes and asthma were offered.
- Performance indicators for the management of diabetes were around or above national average.
- Longer appointments and home visits were available when needed.
- All patients had a named GP and a structured annual review to check that their health and medicines needs were being met. Systems in place ensured patient recalls were highlighted.

Good



Summary of findings

- The GPs and nurses worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- Medical records for vulnerable patients with long term conditions were highlighted so that all staff knew their needs and arranged appointments and care accordingly.

Families, children and young people

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 vulnerable, for example, children and young people who had a high number of A&E attendances and those who did not attend for appointments.
- Immunisation rates were high for all standard childhood immunisations with immunisations uptake for all children aged five and under around 95%.
- 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.
- Unwell children under the age of five were offered same day/urgent appointments.
- The percentage of women aged 25-64 whose notes recorded that a cervical screening test had been performed in the preceding five years was higher than the national average at 86%.
- We saw positive examples of joint working with midwives and health visitors.

Good



Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, following patient feedback, the practice altered its appointment system and now offered telephone consultations.
- The practice offered Tele dermatology and Tele ECG. Tele medicine is the use of telecommunication and information technologies to provide clinical health care at a distance, including monitoring and assessments without the need for GP visits.

Good



Summary of findings

- 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 for example well person checks for those aged 40 to 75 years old.

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 those at risk of hospital admissions, those at the end of their life, those with a learning disability and children at risk.
- It offered longer appointments for people with a learning disability.
- It was able to inform vulnerable patients about how to access various support groups and worked with voluntary organisations.
- Staff were familiar with patients from this group and knew and understood family dynamics.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Good



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).

- The practice carried out advance care planning for patients with dementia and 87% of people diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months (higher than the national average of 84%).
- 97% of people experiencing poor mental health (higher national average of 88%) had a comprehensive documented care plan in place.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- It had a system in place to follow up patients where they may have been experiencing poor mental health. Systems were also in place to recall patients with dementia and poor mental health when they did not attend for appointments.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published in January 2016 showed the practice was performing well in the questions asked. There were 114 responses which represented a 42% completion rate for surveys sent out. This approximately represented 2% of the practice's patient list. The results showed, for example:

- 83% find it easy to get through to this surgery by phone compared with a CCG average of 79% and national average of 73%.
- 89% find the receptionists at this surgery helpful compared with a CCG average of 91% and a national average of 87%.
- 86% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 86% and national average of 85%.
- 97% say the last appointment they got was convenient compared with a CCG average of 95% and a national average of 92%.
- 82% describe their experience of making an appointment as good compared with a CCG average of 78% and a national average of 73%.
- 98% had trust and confidence in the last GP they saw or spoke to, compared with a CCG average of 97% and a national average of 95%.
- 100% had trust and confidence in the last nurse they saw or spoke to, compared with a CCG average of 98% and a national average of 97%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 22 comment cards which were all positive about the standard of care received. All the eight patients we spoke with and comments reviewed were very positive about the practice, the staff and the service they received. They told us staff were caring and compassionate and that they were always treated well with dignity and respect. They told us they were given time at appointments, listened to and felt valued. They said their needs were always responded to and they felt the service was excellent at this practice.

Areas for improvement

Action the service SHOULD take to improve

The areas where the provider should make improvement are:

- Review the audit program to include infection control audits being undertaken regularly and where local prescribing issues are identified, that these are audited to establish adherence to the local prescribing guidance.
- Review the practice's policies and procedures including infection control policies and procedures to make them accessible to staff and up to date with current guidance and legislation.
- Review the process for learning from significant events and complaints to include regular reviews to learn from themes and trends and to monitor completion of action plans.

Kings Lane Medical Practice - Dr D Kershaw

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead Inspector and included a GP specialist advisor and an expert by experience. An expert by experience is a person who uses services themselves and wants to help CQC to find out more about people's experience of the care they receive.

Background to Kings Lane Medical Practice - Dr D Kershaw

Kings Lane Medical Practice is registered with the Care Quality Commission to provide primary care services. The practice provides GP services for approximately 4584 patients living in Wirral and is situated in a purpose built medical centre. The practice has five female GPs, three practice nurses, administration and reception staff and a practice manager. It is a teaching/training practice and occasionally has medical students and trainee GPs working at the practice. Kings Lane Medical Practice holds a General Medical Services (GMS) contract with NHS England and is part of the NHS Wirral Clinical Commissioning Group (CCG).

The practice reception is open:

Monday – Friday 8.15am - 6.30pm

Phone lines are open 8am - 6.30pm

(normal core hours for GMS contract are 8am – 6.30pm)

Patients can book appointments in person, via the telephone or online. The practice provides telephone consultations, pre-bookable consultations, urgent consultations and home visits. The practice treats patients of all ages and provides a range of primary medical services.

The practice is part of Wirral Clinical Commissioning Group (CCG) and is situated in an affluent area. The practice population is made up of a mostly working age and elderly population with 34% of the population aged over 65 years old. Fifty five percent of the patient population has a long standing health condition and there is a lower than national average number of unemployed patients.

The practice does not provide out of hours services. When the surgery is closed patients are directed to the local out of hour's service provider via NHS 111. Information regarding out of hours services was displayed on the website and in the practice information leaflet.

Why we carried out this inspection

We inspected this service as part of our comprehensive inspection programme. 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 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

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.

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 April 2016. During our visit we:

- Spoke with a range of staff (including GPs, Trainee GP, practice nurses, reception and administrative staff and the practice manager) and spoke with patients who used the service, including members of the patient participation group (PPG).
- 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 are provided for specific groups of people and what good care looks 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 living in vulnerable circumstances
- 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

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

- Staff told us, and we saw evidence, of significant event, accident and incident reporting. They would inform the practice manager and/or GPs of any incidents. There was a recording form available on the practice's computer system and these were completed in hard copy. 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 found that there was an open and 'no blame' culture at the practice and that staff were encouraged to report adverse events and incidents.
- The practice carried out analysis of the significant events and reviewed them individually at monthly staff meetings to learn lessons. Action plans were evident however there was no effective system in place to ensure the recommended actions were reviewed and completed.

We reviewed safety records, incident reports, national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared; however there was no overarching review annually or more frequently in order to identify themes and trends to ensure future risks from similar incidents are mitigated.

When there were unexpected safety incidents, people received support, truthful information and were told about any actions to improve processes to prevent similar incidents happening again. The practice wrote to patients to apologise and explain any actions taken as a result of untoward events having occurred.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation. Staff had access to relevant practice and local

safeguarding authority policies and procedures and Department of Health guidance. Contact details and process flowcharts for both child protection and adult safeguarding were displayed in the treatment and administration rooms. There was a clinical lead for safeguarding. Staff demonstrated they understood their responsibilities and all had received training at a relevant level to their role. The practice had systems for identifying and alerting them about children and vulnerable adults who were at risk and ensured they were followed up in the event of non-attendance for hospital and practice appointments. The practice held regular safeguarding meetings with the multi-disciplinary team and GPs reported to the safeguarding and protection board case conferences as required.

- A notice was displayed in the waiting room and in consultation rooms, advising patients that chaperones were available, if required. Clinical and non-clinical staff that had been trained to undertake this role acted as chaperones and had received a Disclosure and Barring Service (DBS) check. (A chaperone is a person who acts as a safeguard and witness for a patient and healthcare professional during a medical examination or procedure.
- Patient records and staff records were stored safely and securely.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. There was a lead for infection prevention and control. There was an infection control policy and associated procedures in place. However, the policies and procedures were basic in detail and in need of review and update to ensure they followed relevant guidance and legislation. Staff had received relevant update training in infection control. An infection control audit had been undertaken in June 2015 and we saw evidence that action was taken to address any improvements identified as a result. However, the practice had not undertaken a re-audit as recommended six monthly. The practice had carried out Legionella risk assessment and regular water monitoring occurred.
- The arrangements for managing medicines, including emergency medicines and vaccinations, in the practice maintained patient safety (including obtaining,

Are services safe?

prescribing, recording, handling, storing and security). The practice had been identified as a higher than average prescriber of broad spectrum antibiotics, however they had not audited this to establish adherence to the local prescribing guidance. Prescription pads were securely stored and there were systems in place to monitor their use.

- There was a recruitment policy and supportive procedures in place. Checks were carried out to ensure safe recruitment of staff. We looked at six staff files and these showed t

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 were health and safety policies and procedures in place and a health and safety law poster was displayed. The practice had undertaken general environmental, COSHH and fire risk assessments and carried out fire drills annually. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was calibrated and checked to ensure it was working properly.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed

to meet patients' needs. There were sufficient staff and a rota system in place for all the different staffing groups to ensure that enough staff were on duty at all times and covered for absences.

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 and panic buttons in reception and treatment rooms.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room which were
- The practice had an automated external defibrillator (AED) available on the premises and oxygen with adult and children's masks. There was also a first aid kit, spillage kits and an accident reporting process.
- The practice had a comprehensive business continuity plan in place for major incidents such as utilities failure, theft or building damage. The plan included emergency contact numbers for staff. Staff were fully aware of the business continuity plan and how to access it.

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 and local CCG area 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 peoples' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Services provided were tailored to meet patients' needs. The practice used coding and alerts within the clinical electronic record system to ensure that patients with specific needs were highlighted to all staff on opening the clinical record. For example, patients on the palliative care register or those vulnerable adults and children at risk. Patients at risk of unplanned admission to hospital and attendance at A&E departments were monitored and had care plans in place to reduce the risk. This included patients living in nursing and care homes. The practice monitored and assessed the risk of falls in their elderly population after identifying that a high number of patients over the age of 80 (21%) had a fall in the year 2014/2015.

The practice worked with the integrated community care team which included district nurses, community matrons and geriatricians in supporting the elderly and vulnerable patients. They visited local care and nursing homes and carried out advanced care planning in liaison with the multi-disciplinary team.

The GPs used national standards for the referral of patients for tests for health conditions, for example, patients with suspected cancers were referred to hospital and the referrals were monitored and followed up to ensure an appointment was provided within two weeks and patients attended.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework system (QOF). This is a system intended to improve the quality of general practice and reward good practice. The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Current results were 98% of the total number of points available, compared to a national average of 95% and a CCG average of 96%. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/2015 showed for example:

- Performance for diabetes related indicators were mostly above the national average.
- The percentage of patients with atrial fibrillation who are currently treated with anticoagulation drug therapy or an antiplatelet therapy was above the national average at 100%.
- The percentage of patients with mental health illnesses who had a comprehensive agreed documented care plan was above the national average.
- Cervical smear screening uptake for women was above the national average.

There was evidence of quality improvement including clinical audit.

- We looked at a sample of clinical audits completed in the last two years; these were completed audits where the improvements made were implemented and monitored. All of these clinical audits (Lithium monitoring, anticoagulation therapy, falls, and Coxib treatment monitoring) demonstrated improved outcomes for patients had been achieved.
- Audits were planned using local and national priorities. Audits could be improved by undertaking audits following significant events or when higher than average prescribing was identified in order to demonstrate improvements had been implemented and the risk of the incident recurring reduced.

Effective staffing

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

Are services effective?

(for example, treatment is effective)

- The practice had an induction programme for newly appointed members of staff, including GPs, locum GPs and trainees. This covered such topics as infection prevention and control, fire safety, health and safety and confidentiality.
- The learning needs of staff were identified through a system of appraisals and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included ongoing support during training sessions, one-to-one meetings, appraisals and facilitation and support for the revalidation of doctors. All staff had an annual appraisal and the GPs had recently been re validated or were in the process.
- The practice was a teaching and training practice and occasionally had medical students and trainee GPs working at the practice. We spoke to one trainee GP who told us they were fully supported by the GPs and the team in their practice and training and development.
- Staff received training that included: safeguarding, infection control, equality and diversity, basic life support and information governance awareness amongst other topics. Staff had access to and made use of e-learning training modules and training events. We saw evidence that demonstrated all staff were up to date with their relevant training. Role specific training was also undertaken and staff in lead roles could demonstrate they were appropriately trained and qualified to undertake these roles, for example, in vaccinations, cervical smear taking, diabetes care and other long term conditions.

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. Information such as NHS patient information leaflets was also available.
- The practice shared relevant information with other services in a timely way, for example when referring people to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a regular monthly basis and that care plans were routinely reviewed and updated.

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 (MCA). GPs and other clinical staff had received training in consent and the MCA.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance including Gillick competency.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.
- Consent was obtained and recorded for minor surgical procedures such as removal of skin lesions.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet and smoking cessation. Patients were then offered in house support and signposted to the relevant external support services.

The practice had a system for ensuring results were received for every sample sent as part of the cervical screening programme. The practice's uptake for the cervical screening programme was 86%, which was above the national average. The practice encouraged its patients to attend national screening programmes for bowel and breast cancer. Bowel and breast cancer screening rates were higher than the national average with persons (aged

Are services effective? (for example, treatment is effective)

60-69) screened for bowel cancer in the last 30 months at 62% (national average 58%) and females (aged 50-70) screened for breast cancer within six months of invitation at 82% (national average 73%).

Childhood immunisation rates for the vaccinations given were high with immunisations uptake for all children aged five and under averaging 95%. Child non-attenders were followed up.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and

NHS health checks for people aged 40–74. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. A lot of health assessments were undertaken opportunistically, for example, when patients who had not visited the practice for some time presented with minor ailments they were given a full health check and those attending for flu vaccinations were checked and referred for appointments as necessary.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed that members of staff were courteous and helpful to patients and treated people 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 and that conversations taking place in these rooms could not be overheard.
- Reception staff and clinical staff all knew the patients and families well. They knew when patients wanted to discuss sensitive issues or appeared distressed and they would offer them a private room to discuss their needs.

All of the 22 CQC comment cards we received were very positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were kind, helpful, caring and treated them with dignity and respect.

We also spoke with eight patients including two members of the patient participation group. They also told us they were very satisfied with the care provided by the practice and said their dignity and privacy was respected.

Comments told us that staff were caring and compassionate and listened to them. Clinicians provided patients with options of care and gave appropriate advice and treatment for their specific condition. Staff would always ensure patients were given an appropriate same day appointment if needed.

Results from the national GP patient survey (published in January 2016) demonstrated patients felt they were treated with compassion, dignity and respect.

Results showed For example:

- 88% said the GP gave them enough time (CCG average 90%, national average 87%).
- 98% said they had confidence and trust in the last GP they saw (CCG average 96%, national average 95%)

- 100% said they had confidence and trust in the last nurse they saw (CCG average 98%, national average 97%)
- 95% said the last nurse they spoke to was good at treating them with care and concern (CCG average 92%, national average 90%).
- 89% said they found the receptionists at the practice helpful (CCG average 91%, national average 87%)
- 92% said the GP was good at listening to them compared to the CCG average of 92% and national average of 87%.
- 91% said the last GP they saw or spoke to was good at treating them with care and concern (compared to a CCG average of 92% and national average of 85%).

Care planning and involvement in decisions about care and treatment

Patients' comments told us that health issues were discussed with them and they felt very much involved in decision making about the care and treatment they received. They also told us they felt listened to and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Flagging systems on the computers would alert staff to patients who were being treated palliatively and for those at risk of hospital admission so that appropriate appointments, care and advice could be given to them.

Results from the National GP Patient Survey were above or around average for questions about their involvement in planning and making decisions about their care and treatment. For example:

- 92% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 90% and national average of 86%.
- 95% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 92% and national average of 90%
- 96% said the last nurse they saw was good at listening to them compared to the CCG average of 93% and the national average of 91%.

Are services caring?

- 85% said the last time they spoke to or saw a GP they were good at involving them in decisions about their care compared to a CCG average of 87% and a national average of 81%.

Translation services were available for patients who did not have English as a first language. We saw information and contact details relating to this in the reception and administration areas.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations. Discussions with staff demonstrated they were knowledgeable in support services and how patients could access them.

The practice's computer system alerted staff if a patient was also a carer and patients told us they were well supported if they were. The practice had identified and held a register of its carers. They had 150 registered carers which represented approximately 3% of their patient list. Written information and a noticeboard in the reception area were available for carers to ensure they understood the various avenues of support available to them.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice was situated in a purpose built medical centre which complied with disability access requirements. It had treatment rooms on the ground floor and a lift to the first floor. Disabled access was available in the building with disabled access toilet facilities, designated disabled spaces and a dedicated baby changing room.

The practice involved the wider primary health care team as appropriate. Community midwives provided antenatal clinics at the practice. They also held a weekly phlebotomy clinic and hosted a range of services including physiotherapy, podiatry and counselling

The practice identified its patient population needs and worked with patients and the local clinical commissioning group (CCG) to improve outcomes for patients in the area.

There was an active patient participation group (PPG) and we spoke with two members on the day of inspection. The group worked well with the practice and represented patients' views well. We were given examples of how improvements had been made as a result of feedback from patients. For example, alteration of the appointment system.

Services were planned and delivered to take into account the needs of different patient groups and to help provide flexibility, choice and continuity of care. For example;

- There were longer appointments available for people with a learning disability and poor mental health.
- Home visits were available for older patients, vulnerable patients and those who would benefit from these.
- Nursing and care home visits were undertaken by the GPs.
- Urgent access appointments were available each day and children or those with serious medical conditions were always seen on the same day as a matter of urgency.
- The practice did not offer appointments outside of normal contracted hours of 8am and 6.30pm.
- There were disabled facilities and ground floor treatment rooms available.
- Online booking of appointments and ordering of repeat prescriptions was available.

- There was access to translation service for patients whose first language was not English.

The practice clinical staff specialised in various patient groups and health conditions, for example, family planning, minor surgery, mental health, diabetes and asthma.

Access to the service

The hours of practice offered were:

Monday – Friday 8.15am – 6.15pm

(Usual NHS England GMS contracted hours are 8am-6pm)

Phone lines are open Monday to Friday 8am – 6pm

Appointments and repeat prescriptions could be booked online. There was good availability of appointments and these were pre bookable as well as urgent and on the day appointments.

Results from the National GP Patient survey showed that patient's satisfaction with how they could access care and treatment was around local and national averages. For example:

- 79% of patients were satisfied with the practice's opening hours compared to a national average of 78%. Comparable to other practices.
- 83% of patients responded with a positive answer when asked generally how easy is it to get through to someone at your GP surgery on the phone compared to a CCG average of 79% and a national average of 73%.
- 82% patients described their experience of making an appointment as good compared to the CCG average of 78% and national average of 73%.
- 54% patients felt they normally don't have to wait too long to be seen compared to the CCG average of 62% and national average of 58%.

Patients' comments told us that in general they had no issues with accessing appointments or waiting times. Two of the 22 comment cards mentioned they sometimes had difficulty getting non-urgent appointments and one said they had difficulty getting through on the telephone in the morning.

There were five female GPs working at the practice. The practice was also a training/teaching practice and had medical students and trainee GPs occasionally working there. Patients told us that there was a lack of continuity of care with GPs and sometimes they weren't able to see a GP

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

of their choice. Survey results told us that only 50% of those patients with a preferred GP usually got to see or speak to that GP (compared to the CCG average of 63% and a national average of 59%).

The practice did not provide an out of hour's service; this was provided by the local out of hour's service provider and accessible by contacting NHS 111 in the first instance. Information was available as to how to access out of hours advice on the website and in the practice.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.

- We saw that information was available to help patients understand the complaints system for example information in the practice information leaflet, on the website, and in the waiting/reception area.
- Patients we spoke with were aware of the process to follow if they wished to make a complaint.

We looked at a number of complaints received in the last 12 months and found these were all documented and following analysis and investigation resulting actions were evident. Verbal complaints were also recorded and analysed. We found that these were satisfactorily handled and dealt with in a timely way. They demonstrated openness and transparency in dealing with the complaint. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. However, complaints and comments were not reviewed annually in order to help identify themes and trends.

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 and staff knew and understood the values.
- The philosophy of the practice was to provide personalised effective and high quality care through working with their patients, families and carers.

Governance arrangements

Governance systems in the practice were underpinned by:

- A clear staffing structure and a staff awareness of their own roles and responsibilities.
- A range of practice policies and procedures were in place. These were in need of review to ensure staff were familiar with them and that staff could access them easily. Some policies and procedures such as infection prevention and control were in need of review to ensure they met local, national and professional guidance.
- A system of reporting incidents without fear of recrimination.
- Staff learnt from incidents and complaints.
- Systems for monitoring performance against targets including QOF, local benchmarking and patient surveys.
- Audits based on local and national priorities which demonstrated an improvement on patients' outcomes.
- Clear methods of communication that involved the whole staff team and other healthcare professionals to disseminate best practice guidelines and other information.
- Proactively gaining patients' and staff feedback through a functioning patient participation group, surveys, face to face discussions, appraisals and meetings. Acting on any concerns raised by both patients and staff.
- Clinical staff supported to address their professional development needs for revalidation and all staff by appraisals.
- Arrangements for identifying and managing risks such as fire, security and general environmental health and safety risk assessments.

Leadership, openness and transparency

The GPs and management at the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality compassionate care. The GPs and management were visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff.

The provider was aware of and complied with the requirements of the Duty of Candour. The GPs and management encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents including reporting of adverse medicine reactions. When there were unexpected or unintended safety incidents, the practice gave affected people support, truthful information and a verbal and written apology.

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

- Staff told us and we saw examples of regular clinical, staff team and multi-disciplinary team meetings taking place.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings or one to one and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported.

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' and staff feedback and engaged them in the delivery of the service.

- It had gathered feedback from patients through the patient participation group (PPG) and through surveys, the NHS friends and family test, comments and complaints received. Action plans were evident from feedback received.
- The practice had also gathered feedback from staff through meetings, appraisals and discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

Continuous improvement

Are services well-led?

Good 

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

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