

# St James' 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 at ST James Medical Practice on 23 February 2015. Overall the practice is rated as good.

Specifically, we found the practice to be good for providing safe, well-led, effective, caring and responsive services. It was also good for providing services for all the population groups including older people; people with long term conditions; mothers, babies, children and young people; the working age populations and those recently retired; people in vulnerable circumstances and people experiencing poor mental health.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Risks to patients were assessed and well managed.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training needs had been identified and planned.
- 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.
- 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.

**Professor Steve Field** CBE FRCP FFPH FRCGP

# Summary of findings

Chief Inspector of General Practice

**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. All staff had undertaken role specific adult and child safeguarding training. Lessons were learned and communicated widely to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and well managed. There were enough staff to keep people safe.

Good



### Are services effective?

The practice is rated as good for providing effective services. Data showed patient outcomes were at or above average for the locality. National Institute for Health and Care Excellence (NICE) guidance was referenced by clinical staff and used routinely. People's needs were assessed and care was planned and delivered in line with current legislation. This included assessment of mental capacity and the promotion of good health. Staff had received training appropriate to their roles and further training needs have been identified and planned. The practice had completed appraisals and personal development plans for all staff. There was evidence of multidisciplinary working with other health and social care professionals.

Good



### Are services caring?

The practice is rated as good for providing caring services. Data showed patients rated the practice higher than others for several aspects of care. Patients we spoke with on the day of the visit said they were treated with compassion, dignity and respect and they were involved in care and treatment decisions. Accessible information was provided to help patients understand the care available to them. We also saw that staff treated patients with kindness and respect ensuring confidentiality was maintained.

Good



### Are services responsive to people's needs?

The practice is rated as good for providing responsive services. The practice reviewed the needs of their local population and engaged with their NHS England Local Area Team and Clinical Commissioning Group (CCG) to secure service improvements where these were identified. Patients reported good access to the practice, having a named GP for those with long term conditions and continuity of care, with urgent appointments available the same day. The practice had good facilities and was well equipped to treat patients and

Good



# Summary of findings

meet their needs. There was an accessible complaints system with evidence demonstrating that the practice responded quickly to issues raised. There was evidence of shared learning from complaints with staff and other stakeholders.

## Are services well-led?

The practice is rated as good for well-led. The practice had a clear vision, and a strategy to deliver it. Staff were clear about the vision and their responsibilities in relation to this. 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 regular governance meetings had taken place. There were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients and this had been acted upon. The practice had an active patient participation group (PPG). Staff had received inductions, regular performance reviews and attended staff meetings and events.

**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. Nationally reported data showed the practice had good outcomes for conditions commonly found amongst older people. All patients aged 75 and over had a named GP. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of direct enhanced services that were designed to reduce hospital admissions. The practice was responsive to the needs of older people, including offering home visits and rapid access appointments for those with enhanced needs.

Good



### People with long term conditions

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

The care of patients with conditions such as cardiovascular diseases, diabetes mellitus, asthma and chronic obstructive pulmonary disease (COPD) was based on national guidance and clinical staff had the knowledge and skills to respond to patients needs. The care and medicines of patients in this group were reviewed regularly and staff worked with other health and care professionals to ensure a multi-disciplinary approach for patients with complex needs.

Good



### Families, children and young people

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

There were suitable safeguarding policies and procedures in place, and staff we spoke with were aware of how to report any concerns they had. Staff had received training on child protection which included Level 3 for GPs and nurses. There was evidence of joint working with other professionals including midwives and health visitors to provide good antenatal and postnatal care. Childhood immunisations were administered in line with national guidelines and the coverage for all standard childhood immunisations was relatively high.

Good



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

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

Good



# Summary of findings

The needs of the working age population, those recently retired and students had been identified and there were a variety of appointment options available to patients such as on-line booking and extended hours. The practice offered health checks, travel vaccinations and health promotion advice including on smoking cessation.

## **People whose circumstances may make them vulnerable**

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

People attending the practice were protected from the risk of abuse because reasonable steps had been taken to identify the possibility of abuse. The practice had policies in place relating to the safeguarding of vulnerable adults and whistleblowing and staff we spoke with were aware of their responsibilities in identifying and reporting concerns. The practice worked with other health and social care professionals to ensure a multi-disciplinary input in the case management of vulnerable people. The practice had signed up to the learning disability direct enhanced service (DES) to provide annual health checks for people with learning disabilities to improve their health outcomes and all the eligible patients had received an annual check for the year 2013/2014.

**Good**



## **People experiencing poor mental health (including people with dementia)**

The practice provided a caring and responsive service to people experiencing poor mental health. The practice had signed up to the dementia local enhanced service (LES) to provide care and support for people with dementia and all the eligible patients had received an annual check for the year 2013/2014. . The services were planned and co-ordinated to ensure that people's needs were suitably assessed and met.

Reviews of care records of patients with dementia and mental health issues showed they were receiving regular reviews of their health, adequate multi-disciplinary input and support from the community mental health teams.

**Good**



# Summary of findings

## What people who use the service say

The patients we spoke with on the day of our visit told us that they were treated with kindness and respect by the doctors, nurses and the practice reception staff. We received 30 comment cards from patients who attended the practice during the two weeks before our inspection and almost all were complimentary about the care they received from the surgery staff.

The 2013/14 GP survey results (latest results published in Jan 2015; 261 surveys were sent out, with 108 returned giving a 41% completion rate.) 90% of respondents said the last GP they saw or spoke to was good at listening to them and 89% of respondents said the last GP they saw or spoke to was good at treating them with care and concern. Ninety three per cent of respondents said the

last GP they saw or spoke to was good at listening to them. Ninety six percent of the respondents said the last appointment they got was convenient and 86% found the receptionists at the surgery helpful.

The patients we spoke with had never needed to make a complaint. However they were aware of the process and said they would speak with the practice manager and felt confident that their issues would be addressed.

Patients said they were treated appropriately and staff maintained their privacy and dignity. We saw staff spoke politely to patients. Patients said they were involved in decisions about their care and treatment.

# St James' Practice

## Detailed findings

### Our inspection team

#### **Our inspection team was led by:**

Our inspection team was led by a CQC Lead Inspector and a GP specialist advisor.

## Background to St James' Practice

The surgery is located in Elmers End in the London Borough of Bromley London, and provides a general practice service to around 6,500 patients.

The practice is registered with the Care Quality Commission (CQC) to provide the regulated activities of: treatment of disease, disorder or injury; family planning; and maternity and midwifery services at one location.

The practice provides NHS primary medical services through a Primary Medical Services Contract (PMS) and provides a full range of essential, additional and enhanced services including maternity services, child and adult immunisations, family planning clinic, contraception services and minor surgery.

The practice is currently open five days a week from 8:00 am to 18:30 pm. In addition, the practice offers extended opening hours from 7:30 am to 8:00am three days per week and one evening for the nurse from 18:30pm until 20:30 pm on Wednesdays. The practice GPs do not provide an out-of-hours service to their own patients and patients are signposted to out-of-hours service when the surgery is closed is provided by EMDOC.

The surgery is a GP teaching practice, has four partners (three male and one female), and one salaried GP along

with a GP registrar who undertake the clinical sessions Monday-Friday. There is one part time nurse and one health care assistant. The practice has a practice manager, administration team and receptionists team with support.

There were no previous performance issues or concerns about this practice prior to our inspection.

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.

## Why we carried out this inspection

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

This provider had not been inspected before and that was why we included them.

## 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 23 February 2015. During our visit we spoke with a range of staff (GP partners, practice manager and the administrative and reception staff), members of the Patient Participation

# Detailed findings

Group (PPG) and seven patients who used the service. We observed interaction between staff and patients in the waiting room. We reviewed 30 comment cards where patients shared their views and experiences of the service. We looked at a range of records, documents and policies and observed staff interactions with patients in the waiting area.

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)

# Are services safe?

## Our findings

### Safe Track Record

The practice had a good track record for maintaining patient safety. The practice manager told us of the arrangements they had for receiving and sharing safety alerts from other organisations such as the Medicines and Healthcare Products Regulatory Authority (MHRA) and NHS England. The practice had a policy and a significant event toolkit to report the incidents and the practice manager showed us the processes around reporting and discussions of incidents. Significant events were reviewed regularly and staff we spoke with were aware of identifying concerns and issues and reporting them appropriately.

### Learning and improvement from safety incidents

The practice had an effective system in place for reporting, recording and monitoring incidents and significant events. There was evidence of learning and actions taken to prevent similar incidents happening in the future. For example, an incident had occurred where vaccine stocks delivered were left overnight on a shelf and not placed in the medicines fridge after they had been delivered. This was noticed the next morning and reported to the practice manager. The practice manager had sought advice from the local Clinical Commissioning Group pharmacist on what action to take. Following this incident the practice had ensured that as soon as new stocks were received; the person who signed for them was responsible for their safe storage. We reviewed a sample of eight incidents that had been reported since June 2014. Records showed evidence of discussion and learning, and staff we spoke with were aware of the significant event reporting protocols and knew how to escalate any incidents. They were aware of the forms they were required to complete and knew who to report any incidents to at the practice.

### Reliable safety systems and processes including safeguarding

The practice had policies in place relating to the safeguarding of vulnerable adults, child protection and whistleblowing. One of the partners was the designated lead for safeguarding at the practice. Staff we spoke with were aware of their duty to report any potential abuse or neglect issues. Clinical staff including the GPs and the nurse had completed Level 3 child protection training and the reception staff had received Level 1 training. Staff had

also received training in safeguarding of vulnerable adults and clinical staff were required to have a criminal records (now the Disclosure and Barring Scheme) check. The contact details of the local area's child protection and adults safeguarding departments were accessible to staff if they needed to contact someone to share their concerns about children or adults at risk. The practice had an up to date chaperone policy in place which provided staff with information about the role of a chaperone and staff were aware of their role and responsibilities. The practice had a policy to use nurses as chaperones but in their absence only DBS checked administrative staff who had undergone training undertook the role. Patients were given a choice to have a non-clinical staff act as a chaperone.

### Medicines Management

The practice had procedures in place to support the safe management of medicines. Medicines and vaccines were safely stored, suitably recorded and disposed of in accordance with recommended guidelines. We checked the emergency medicines kit and found that all medicines were in date. The vaccines were stored in suitable fridges at the practice and the practice maintained a log of temperature checks on the fridge. Records showed all recorded temperatures were within the correct range and all vaccines were within their expiry date. Staff were aware of protocols to follow if the fridge temperature was not maintained suitably. No Controlled Drugs were kept on site.

GPs followed national guidelines and accepted protocols for repeat prescribing. All scripts were reviewed and signed by GPs and the GP specialist adviser found these acceptable. Medication reviews were undertaken regularly and GPs ensured appropriate checks had been made before prescribing medicines such as Methotrexate.

### Cleanliness and Infection Control

Effective systems were in place to reduce the risk and spread of infection. The nurse was the designated infection prevention and control lead in the practice. Staff had received training in infection prevention and control and were aware of infection control guidelines. Yearly updates were received as well. There was a cleaning schedule in place to ensure each area was cleaned on a regular basis. The area around the reception desk and all communal areas were clean, fresh smelling and in good repair. Waste including sharps were disposed of appropriately. Hand washing sinks, hand cleaning gel and paper towels were

## Are services safe?

available in the consultation and treatment rooms. Equipment such as blood pressure monitors, examination couches and weighing scales were clean and cleaning checks were undertaken regularly.

Clinical waste was collected by an external company and consignment notes were available to demonstrate this.

The practice had a policy for the management, testing and investigation of Legionella (a germ found in the environment which can contaminate water systems in buildings). We saw records that confirmed the practice was carrying out regular checks in line with this policy in order to reduce the risk of infection to staff and patients.

### Equipment

There were appropriate arrangements in place to ensure equipment was properly maintained. These included annual checks of equipment such as portable appliance testing (PAT) and calibrations, where applicable. These tests had been undertaken on 15 December 2014.

### Staffing and Recruitment

A staff recruitment policy was available and the practice was aware of the various requirements including obtaining proof of identity, proof of address, references and undertaking criminal records (now the Disclosure and Barring Scheme) checks before employing staff. We looked at a sample of staff files and found evidence of appropriate checks having been undertaken as part of the recruitment process.

Rotas showed safe staffing levels were maintained and procedures were in place to manage planned and unexpected absences.

### Monitoring Safety and Responding to Risk

The practice manager explained the systems that were in place to ensure the safety and welfare of staff and the people using the service. Risk assessments of the premises including trips and falls, Control of Substances Hazardous to Health (COSHH), security, and fire had been undertaken. The fire alarms were tested monthly. Regular maintenance of equipment was undertaken and records showing annual testing of equipment and calibration were available. The reception area could only be accessed via lockable doors

to ensure security of patient documents and the computers. All GPs were in charge of areas that might involve risk such as finance, premises and they take the lead in the monitoring.

### Arrangements to Deal with Emergencies and Major Incidents

The practice had arrangements in place to manage emergencies. We saw records showing all staff had received annual training in basic life support last having been undertaken. Emergency equipment was available including access to oxygen and an automated external defibrillator (a portable electronic device that analyses life threatening irregularities of the heart including ventricular fibrillation and is able to deliver an electrical shock to attempt to restore a normal heart rhythm.). All staff we asked knew the location of this equipment, and records we saw confirmed these were checked regularly.

Emergency medicines were available in a secure area of the practice and all staff knew of their location. These included those for the treatment of cardiac emergencies, anaphylaxis and hypoglycaemia. Processes were also in place to check emergency medicines were within their expiry date and suitable for use. All the medicines we checked were in date and fit for use.

A business continuity plan was in place and had been reviewed in August 2014. It dealt with a range of emergencies that may impact on the daily operation of the practice. Each risk was rated and mitigating actions recorded to reduce and manage the risk. Risks identified included power failure, adverse weather, unplanned sickness and access to the building. The document also contained relevant contact details for staff to refer to such as the contact details of a heating company to contact in the event of failure of the heating system. The practice had also partnered with other practices in the local area to support each other in times of such event should there be the need.

A fire risk assessment had been undertaken that included actions required to maintain fire safety. We saw records that showed staff were up to date with fire training and that regular fire drills were undertaken. The practice had an appointed fire lead who took responsibility in sharing guidance and undertook mock testing to ensure all staff were aware of the policies and procedures.

## Are services safe?

Risks associated with service and staffing changes (both planned and unplanned) were noted on the practice risk log and possible action identified beforehand.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The GPs reviewed incoming guidelines such as those from the National Institute for Health and Care Excellence (NICE) and if considered relevant they were discussed in practice clinical meetings and by e-mails. Clinical staff demonstrated how they accessed NICE guidelines and used them in practice. There was evidence of a good working relationship between the professionals to ensure information was cascaded suitably and adapted accordingly.

There was evidence that staff shared best practice via internal arrangements and meetings. The practice had internal as well as an external peer reviewed referral management system (Bromley CCG) whereby all referrals were reviewed by an experienced doctor to decide the best option for assessment and treatment.

As part of the unplanned admissions Directed Enhanced Service (DES), care plans had been put in place for two percent of the practice patients who met the criteria to avoid unplanned admissions to hospital. [GPs are contracted to provide core (essential and additional) services to their patients. The extra services they can provide on top of these are called Enhanced Services. One of the types of enhanced service is Directed Enhanced Service (DES) where it must be ensured that a particular service is provided for the population.]

### Management, monitoring and improving outcomes for people

The practice had systems in place to monitor and manage outcomes to help provide improved care. GPs and the practice manager were actively involved in ensuring important aspects of care delivery such as significant incidents recording, child protection alerts management, referrals and medicines management were being undertaken suitably. Clinical audits such as audit of prescribing dermatology products had been undertaken by the practice to monitor their compliance with current guidance.

Regular clinical meetings took place with multi-disciplinary attendance to ensure learning and to share information.

There was evidence from review of care that patients with dementia, learning disabilities and those with mental health disorders received suitable care with an annual review of their health and care plan.

The practice had completed a number of clinical audits. The audits completed included a smear inadequate rate. The purpose included exploring the rate of inadequate smears and to consider the anomalies in the rate and for the rate to be in line with the Bromley average of 2.8%. The practice analysed the smears undertaken between April 2013 and March 2014. The practice found that their highest rate of inadequate smears was from a locum nurse who was used for cover during sickness. The practice found that their main full time nurse had an inadequate rate that was in line with the CCG average. However they identified that regular training and updates would ensure this is maintained. Plans were in place to audit smears every six months.

The practice had also undertaken another audit of Ezetimibe (Ezetimibe is used to treat high cholesterol), when they realised that the prescribing was above average. The practice reviewed patients on this medication and changed the medicine to a more suitable drug that had less side effects and more cost effective. The practice planned to re-audit in six months.

### Effective staffing

All new staff were provided with an induction and we saw an induction checklist that ensured new staff were introduced to relevant procedures and policies. The practice had identified key training including infection control, safeguarding of vulnerable adults and children and basic life support to be completed by all staff.

All staff undertook annual appraisals which identified learning needs from which action plans were documented. Staff interviews confirmed that the practice was proactive in providing training and funding for relevant courses, such as travel vaccines and asthma management and customer service training. They held in-house training days where guest speakers and trainers attended.

There was evidence of appraisals and performance reviews of staff being undertaken. There were appraisal processes for GPs and one of them had recently received a revalidation. (Every GP is appraised annually, and undertakes a fuller assessment called revalidation every

# Are services effective?

## (for example, treatment is effective)

five years. Only when revalidation has been confirmed by the General Medical Council can the GP continue to practise and remain on the performers list with NHS England).

The practice had records supplied by the practice nurse that showed their registration with the Nursing and Midwifery Council (NMC) was current. The practice had also verified these records.

Staff we spoke with said they were clear about their roles, had access to the practice policies and procedures, and were supported to attend training courses appropriate to the work they performed. Staff were encouraged to develop within their role and the practice shared with us evidence where flexible working hours had been put in place to support staff with external training courses. The practice manager told us they would be putting in place a training session on equality, diversity and human rights for staff.

### Working with colleagues and other services

The practice worked with other service providers to meet people's needs and manage complex cases. Blood results, X ray results, letters from the local hospital including discharge summaries, and communications from the out of hours providers and the 111 service were received both electronically and by post. The practice had a policy outlining the responsibilities of all relevant staff in reading, passing on and actioning any issues arising from communications with other care providers on the day they were received. The GP seeing these documents and results was responsible for the action required. All staff we spoke with understood their roles and felt the system in place worked well. We found that there were no instances within the last year of any results or discharge summaries which were not followed up appropriately.

### Information Sharing

Regular meetings were held in the practice to ensure information about key issues was shared with relevant staff. The practice was actively involved in work with peers, other healthcare providers and the local CCG. We were told that the practice was very open to sharing and learning and engaged openly on pathways and multi-disciplinary team meetings.

The practice website provided a wealth of "live well" information for patients, including the services available at the practice, health alerts and latest news. Information leaflets and posters about local services were available in the waiting area.

### Consent to care and treatment

All GPs we spoke with were aware of the requirements of the Mental Capacity Act (2005), Gillick competency and their responsibilities with regards to obtaining and recording consent. Staff told us that consent was recorded on patient notes and if there were any issues they were discussed with a carer or parent. We reviewed examples of care of patients with learning disabilities and dementia and noted that standard guidelines had been used to obtain and record consent and decisions had been taken in the best interests of patients.

### Health Promotion & Prevention

There was a range of information available to patients on the practice website and in the waiting areas which included leaflets and posters providing information on the various services, flu vaccinations and smoking cessation. Data showed 70% of patients with a status recorded as smoker had been offered advice about smoking cessation.

The practice's performance for cervical smear uptake was 63% for the 2013 /2014 period which was better than other practices in the CCG. There was a policy to offer telephone reminders for patients who did not attend for cervical smears and the practice audited patients who do not attend annually. There was a named nurse responsible for following-up patients who did not attend screening.

The practice offered a full range of immunisations for children, adults and travel, in line with current national guidance. The practice's performance on childhood immunisations for children aged three months to 12 months were as follows; Dtap/IPV/Hib (Diphtheria, Tetanus, acellular pertussis (whooping cough), poliomyelitis and Hemophilus influenzae type b) 91%, Meningitis C and PCV (**Pneumococcal conjugate vaccine**) 91%, Hepatitis B 91% and MMR (measles, mumps, and rubella) 96%; all were above the CCG average. The practice had a clear policy for following up non-attenders by the named practice nurse and GPs. We saw records that confirmed this was being followed

# Are services caring?

## Our findings

### Respect, Dignity, Compassion & Empathy

The 2013/14 GP survey results (latest results published in July 2014) showed that 261 surveys were sent out, with 108 returned giving a 41% completion rate. These results showed that 90% of respondents said the last GP they saw or spoke to was good at listening to them and 89% of respondents said the last GP they saw or spoke to was good at treating them with care and concern. 86% found the receptionists at the surgery helpful.

Staff and patients told us that all consultations and treatments were carried out in the privacy of a consulting room. Disposable curtains were provided in consulting rooms and treatment rooms so that patients' privacy and dignity was maintained 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.

We observed staff were careful to follow the practice's confidentiality policy when discussing patients' treatments in order that confidential information was kept private. The practice switchboard was located away from the reception desk which helped keep patient information private. In response to patient and staff suggestions, a system had been introduced to allow only one patient at a time to approach the reception desk. This prevented patients overhearing potentially private conversations between patients and reception staff. We saw this system in operation during our inspection and noted that it enabled confidentiality to be maintained.

Staff told us if they had any concerns or observed any instances of discriminatory behaviour or where patients' privacy and dignity was not being respected they would raise these with the practice manager. The practice manager told us she would investigate these and any learning identified would be shared with staff.

There was a clearly visible notice in the patient reception area stating the practice's zero tolerance for abusive behaviour. Receptionists told us referring to this had helped them diffuse potentially difficult situations.

Care planning and involvement in decisions about care and treatment

The patient survey information we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and generally rated the practice well in these areas. For example, data from the 2014 national patient survey showed 89 % of practice respondents said the GP involved them in care decisions and 86% felt the GP was good at explaining treatment and results. Both these results were above average compared to the CCG area.

All patients we spoke with on the day of our visit were happy and satisfied with the care they were receiving from the practice. They stated that the GPs were caring and listened to them and they felt involved in decisions relating to their care and treatment.

Patients who attended the practice were provided with appropriate information and support regarding their care and treatment. Healthcare leaflets were available for patients, and posters with healthcare information were displayed in the waiting area and consultation rooms. The practice's website provided information ranging from the various services, clinic times, and newsletters to the various activities being undertaken by the practice. Staff told us that translation services were available for patients who did not have English as a first language.

Patient/carer support to cope emotionally with care and treatment

Staff told us families who had suffered bereavement received a phone call by their GP. This call was either followed by a consultation at a flexible time and location to meet the family's needs and/or signposting to a support service. Patients we spoke had never needed this support but were aware that bereavement support was available if needed.

Notices in the patient waiting room, on the TV screen and patient website signposted people to a number of support groups and organisations such as the housing team or the citizen's advice bureau. The practice's computer system alerted GPs if a patient was also a carer. We were shown the written information available for carers to ensure they understood the various avenues of support available to them.

During patient registration the practice noted down details of carers. This was to ensure they were offered all support and information relating to patient and carer support

## Are services caring?

information. The practice's computer system alerted GPs if a patient was also a carer. We were shown the written information 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

We found the service was responsive to people's needs and had systems in place to maintain the level of service provided. The practice held information about those who needed extra care and resources such as those who were housebound, people with dementia and other vulnerable patients. This information was utilised in the care and services being offered to patients with long term needs. We reviewed a sample of care records and found that people with long term conditions such as diabetes, and those with learning disabilities, dementia and mental health disorders received regular medicines review and also annual reviews of their care.

The practice was involved with their Patient Participation Group (PPG) and feedback from patients was obtained proactively and the service acted accordingly to improve care delivery. There were regular meetings attended by the practice manager and one of the GPs. Patient surveys to obtain feedback on different aspects of care delivery were undertaken annually.

Longer appointments were made available for people who needed them and those with long term conditions. This also included appointments with a named GP or nurse. Home visits were made to those patients who were too ill to attend the practice or those with mobility difficulties. Flu vaccinations were also offered at home for those patients who were too ill to come to the practice.

### Tackling inequity and promoting equality

There were arrangements to meet the needs of the people for whom English was not the first language. Staff told us they could arrange for interpreters and also could use online resources to help with language interpretation.

The practice demonstrated an awareness and responsiveness to the needs of those whose circumstances made them vulnerable. Facilities for disabled people included a lower reception desk for wheelchair bound patients and toilet facilities modified to accommodate them. Baby changing facilities were also available.

We were told that longer appointments could be scheduled for patients with learning disabilities. The practice also

offered flexible drop in clinics for patients with learning disabilities. Review of care of people with learning disabilities showed that they were receiving suitable care and had received annual reviews within the last year.

There was an open policy for treating everyone as equals and there were no restrictions in registering. Homeless travellers were registered and seen without any discrimination.

### Access to the service

The surgery had clear, obstacle free access with fully automated opening doors. Doorways and hallways were wide enough to accommodate wheelchairs of all sizes. The waiting area had suitable seating with a good mix of seats with and without arm rests.

The practice was open five days a week from 8:00 am to 6:30 pm. In addition, the practice offered extended opening hours from 7:30 am to 8:00am three mornings per week. The nurses were also available in the evenings once a week from 6:30pm to 8:30 pm.

The practice maintained a user-friendly website with information available for patients including the services provided, home visits, health promotion, obtaining test results, joining the PPG, PPG minutes, meeting agendas, booking appointments and ordering repeat prescriptions.

Appointments could be booked by phone, online and in person. The practice had responded to people's concerns and had introduced changes in the telephone booking systems to improve accessibility.

Most patients we spoke with were happy with the appointments system currently in place. They said appointments were easy to book and were available at a time that suited them.

Staff told us that for urgent needs patients could be seen by a doctor on the same day. They told us that under 5s and young people were given priority and were seen the same day by the GP.

Information was available via the answer phone and the practice's website, providing the telephone number people should ring if they required medical assistance outside of the practice's opening hours.

### Listening and learning from concerns & complaints

# Are services responsive to people's needs?

(for example, to feedback?)

The practice had a system in place for handling complaints and concerns. Their complaints policy was in line with recognised guidance and contractual obligations for GPs in England and the practice manager was the designated responsible person who handled all complaints in the practice.

We saw that information was available to help patients understand the complaints system. This was included in the practice information leaflet and displayed in the reception area and on the practice website. Patients we spoke with were aware of the process to follow should they wish to make a complaint. None of the patients spoken with had ever needed to make a complaint about the practice.

We looked at the record of complaints and found that eight formal complaints had been received in the last 12 months. All complaints had been dealt with in a timely manner and had been resolved.

The practice reviewed complaints on an annual basis to detect themes or trends. We looked at the report for the last review in 2013 and found that lessons learnt from individual complaints had been acted upon. The practice welcomed comments from patients. These were via a suggestion box. Staff told us this was checked monthly and common themes were feedback in meetings with solutions. Meeting minutes we saw confirmed this.

The practice had an active patient participation group (PPG) which has steadily increased in size. The PPG contained representatives from various population groups; including the retired and working age population. They told us that they had not conducted any surveys but felt the practice listened to suggestions they made.

# 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. We found details of the vision and practice values were part of the practice's business plan. These values were clearly displayed in the waiting area and in the staff room. The practice vision and values included offering a friendly, caring good quality service that was accessible to all patients.

### Governance Arrangements

The practice had good governance arrangements and an effective management structure. Appropriate policies and procedures, including human resources policies were in place, and there was effective monitoring of various aspects of care delivery. We looked at a sample of these policies which were all up to date and accessible to staff. Staff were aware of lines of accountability and who to report to. The practice had regular meetings involving GPs, practice manager and receptionists. Meeting minutes showed evidence of good discussions of various issues facing the practice.

The practice used the Quality and Outcomes Framework (QOF) to measure their performance. The QOF data for this practice showed it was performing in line with national standards. QOF for the year 2013/2014 was 890 out of 900 points. The practice had completed full audit cycles such as inadequate smears and use of medicines. These audits were used to improve care and outcomes for patients.

The practice had arrangements for identifying, recording and managing risks. The practice manager showed risk assessments had been carried out where risks were identified and action plans had been produced and implemented.

### Leadership, openness and transparency

The practice was led by the partners and a practice manager. Discussions with staff and meeting minutes showed team working and effective, inclusive leadership. There was a clear leadership structure which had named members of staff in lead roles. For example there was a lead nurse for infection control and one of the partners was the lead for safeguarding. We spoke with ten members of

staff and they were all clear about their own roles and responsibilities. They all told us they felt valued, well supported and knew who to go to in the practice with any concerns.

We saw from minutes that team meetings were held regularly. Staff told us that there was an open culture within the practice and they had the opportunity and were happy to raise issues at team meetings.

Practice seeks and acts on feedback from users, public and staff

We found the practice to be involved with their patients, the Patient Participation Group (PPG) and other stakeholders. There was evidence of regular meetings via online meetings. PPG members' involvement in undertaking patient surveys.

We found evidence that the practice responded to feedback from patients as was evidenced by the changes made to availability of telephone appointments. The practice manager showed us the analysis of the last patient survey which was considered in conjunction with the PPG. The results and actions agreed from these surveys are available on the practice website.

Staff were supported in their professional and personal development and we saw evidence where a staff member was provided flexible working hours to help them complete their external professional course. Staff told us they felt involved and engaged in the practice to improve outcomes for both staff and patients.

The practice had a whistle blowing policy which was available to all staff. Staff we spoke with understood the policy.

### Management lead through learning & improvement

The practice had systems and processes to ensure all staff and the practice as a whole learnt from incidents and significant events, patient feedback and complaints and, errors to ensure improvement. The GPs provided peer support to each other and also accessed external support to help improve care delivery.

The practice had completed reviews of significant events and other incidents and shared with staff via meetings to ensure the practice improved outcomes for patients.