

Daleham Gardens Health Centre

Quality Report

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Date of inspection visit: 20 January 2016
Date of publication: 18/03/2016

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

Ratings

Overall rating for this service

Good 

Are services safe?	Good 
Are services effective?	Good 
Are services caring?	Good 
Are services responsive to people's needs?	Good 
Are services well-led?	Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection on 20 January 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Evidence showed that clinical results were generally above, or comparable, to local and national averages.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- 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.
- Patients said they found it easy to make an appointment with their preferred GPs, that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs. There was a clear leadership structure and staff felt supported by management.
- The provider was aware of and complied with the requirements of the Duty of Candour.

The area where the provider should make improvement is:

- Continue with efforts to set up an effective patient participation group, allowing patients more involvement in making suggestions and decisions regarding the service.

Professor Steve Field CBE FRCP FFPH FRCGP
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams 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.

- Data from the National GP Patient Survey showed patients rated the practice higher than others for several aspects of care.
- 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.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



Summary of findings

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

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 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 held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour.
- The partners encouraged a culture of openness and honesty.
- The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.

Good



Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice maintained registers of patients identified as being at medium risk, high risk and very high risk of hospital admission. Patients discharged from hospital were followed up within a few days.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Flu vaccination rates for patients aged over-65 were 72%, being comparable with the national average.

Good



People with long term conditions

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

- Clinical staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Fifty-one patients (89% of 64 patients on the diabetes register) had received an annual foot check so far this year; sixty-three patients (98%) had received a check in 2014/15.
- Twelve out of 13 patients on the practice's heart failure register had received an annual medicines review.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- Flu vaccination rates for patients identified as at risk were 46%, being comparable with the national average.

Good



Families, children and young people

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

Good



Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates were relatively high for all standard childhood immunisations.
- The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months was 87% compared with the national average of 75%.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 90% which was 8% above the national average.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice offered blood pressure checks to patients aged over-45 and had carried out tests on 827 patients, being 88% of those eligible.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, and those with a learning disability.

Good



Summary of findings

- There was currently one patient on the practice's learning disabilities register, for whom an annual health check had been carried out.
- The practice offered longer appointments for patients with a learning disability.
- Homeless patients could register using the practice address.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

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 maintained a register of 14 patients with dementia. All of whom had had their care reviewed in a face to face meeting in the last 12 months, which is above the national average of 84%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan was 95% compared to the national average 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published on 7 January 2016 related to the period January - March 2015 and July - September 2015. The results showed the practice was performing above local and national averages. A total of 333 survey forms were distributed and 104 (31%) were returned. This represented approximately 4.5% of the practice's patient list.

- 95% found it easy to get through to this surgery by phone compared to a CCG average of 76% and a national average of 73%.
- 90% were able to get an appointment to see or speak to someone the last time they tried (CCG average 84%, national average 85%).
- 91% described the overall experience of their GP surgery as fairly good or very good (CCG average 81%, national average 85%).

- 86% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 77%, national average 78%).

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 with all but one being very positive about the standard of care received. They referred to the practice being excellent; that appointments were readily available and straightforward to get; that staff were generous with their time and never hurried. They said the surgery was safe and clean.

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

Areas for improvement

Action the service **SHOULD** take to improve

Continue with efforts to set up an effective patient participation group, allowing patients more involvement in making suggestions and decisions regarding the service.

Daleham Gardens Health Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, a second CQC inspector, a practice nurse specialist adviser, a practice manager specialist adviser and an Expert by Experience.

Background to Daleham Gardens Health Centre

The practice operates from premises it shares with other health care providers at 5 Daleham Gardens, London NW3 5BY, close to Swiss Cottage in Camden. It is a short distance from bus, tube and overground rail services.

The practice provides NHS services through a Primary Medical Services (PMS) contract to approximately 2,500 patients. It is part of the NHS Camden Clinical Commissioning Group (CCG) which is made up of 40 general practices. The practice is registered with the CQC to undertake the following regulated activities - diagnostic and screening procedures, maternity and midwifery services, treatment of disease, disorder or injury.

The practice list has a higher than average number of older patients and children under 5 years old. Its working age patients are usually employed in high income occupations. In relation to the patient demography, it is now one of the least deprived practices in Camden.

The practice's clinical staff comprises two GP partners (female and male), working 30 and 25 hours per week.

There is a practice nurse, who works 16 hours a week. It is an approved training practice and currently one GP Registrar works there. The practice's administrative team is made up of a practice manager and assistant, and three receptionist / administrators.

The practice's opening hours are 9.00am to 12.00 noon and 2.30pm to 6.00pm on Monday, Tuesday, Wednesday and Friday. On Thursday it opens only during the morning; and it is closed at weekends. Appointments are 15 minutes long and commence at 9.30 for the morning sessions and 3.00pm during the afternoon. Telephone consultations and home visits are available. Appointments can be booked online by patients who have previously registered to use the facility.

The practice has opted out of providing an out-of-hours service. Patients calling the practice when it is closed are connected with the local out-of-hours service provider. There is a link to the NHS 111 service on the practice website and relevant information is included in the practice leaflet.

Why we carried out this inspection

We inspected this service as part of our new 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. The inspection was planned to check whether the provider is meeting the legal

Detailed findings

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.

The practice had not been inspected previously.

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 20 January 2016.

During our visit we:

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

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. There were three recorded significant events in the past 12 months. Lessons were shared to make sure action was taken to improve safety in the practice. For example, when it was found that a number of cytology vials (sterilised containers use for cervical smear testing) were out of date, they were destroyed and any patients whose tests may have been compromised by old vials being used were contacted to arrange repeat tests. The practice's policy was revised to include the stipulation that the dates of vials be checked before they were used in tests.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had

received training relevant to their role. Clinical staff were trained to Safeguarding level 3. We saw that training needs were monitored and refresher training was booked for February 2016, for staff for whom it was due.

- A notice in the waiting room advised patients that chaperones were available if required. The practice nurse and one of the receptionist / administrators currently acted as chaperones. They had been trained for the role and had received a Disclosure and Barring Service (DBS) check. DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable. We noted that the use of chaperones was not routinely recorded on patients' notes. The practice confirmed that the chaperone policy would be revised to ensure this was done in future.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. None of the patients we spoke with, or those who completed comments cards, mentioned any concerns over cleanliness at the practice. Cleaning was done by a contractor on behalf of the premises landlord. The practice manager was the infection control lead, who worked with the practice nurse to liaise with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. There was an adequate supply of personal protective equipment for staff, such as gloves, aprons and masks. The annual infection control audit was overdue, but we received evidence that it was carried out the day after our inspection.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow the practice nurse to administer medicines in line

Are services safe?

with legislation. Temperatures of vaccines fridges were monitored and recorded. We noted that the fridges were not routinely locked, but staff confirmed they would be in future.

- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. A health and safety risk assessment had been carried out in October 2015. There was an up to date fire risk assessment and regular fire drills were conducted. All electrical equipment had been checked in January 2016 to ensure the equipment was safe to use and clinical equipment was checked and calibrated to ensure it was working properly. The premises fixed wiring had been inspected and certified on behalf of the premises management contractor in January 2013. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health, infection control, and

legionella (arranged by the premises management contractor in December 2015) (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

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

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- The practice did not have a defibrillator available on the premises at the time of our inspection. We discussed this with staff, who agreed to obtain one. We were given confirmation soon after the inspection that a defibrillator had been obtained. A supply of oxygen, with adult and children's masks, and a first aid kit and accident book were available. Staff had up to date training in emergency first aid and cardiopulmonary resuscitation.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. It had last been reviewed in 2015.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice used patient care pathways, developed by the local CCG, which followed NICE 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. We saw examples of recent alerts, relating to a drugs recall and syringes, being passed on to all staff.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 94.1% of the total number of points available, with 11.1% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed -

- Performance for diabetes related indicators was 84.9%, being 4.4% below the CCG average and 4.3% below the national average.
- Performance for hypertension related indicators was 100%, being 2.5% above the CCG average and 2.2% above the national average.
- Performance for mental health related indicators was 100%, being 10.1% above the CCG and 7.2% above the national average.

- Performance for dementia related indicators was 100%, being 3% above the CCG and 5.5% above the national average.

Clinical audits demonstrated quality improvement.

- The practice carried out regular clinical audits and we saw examples of four completed audit cycles, where the improvements made were implemented and monitored. Findings were used by the practice to improve services. For example, the practice carried out a completed cycle audit of patients with atrial fibrillation who were prescribed anticoagulants. Atrial fibrillation occurs when the upper chambers of the heart lose their normal rhythm and beat chaotically. When this happens, blood isn't flowing through the heart and body efficiently. This inefficient flow can cause blood to pool inside the heart, increasing the risk of blood clots. Anticoagulants are medicines that help prevent blood clots. The audit showed an improvement in outcomes, with 72% of the patients involved now receiving adequate anticoagulation treatment, compared with 54% previously. The audit contained a full explanation of the remaining 28% of patients' circumstances and identified a need to engage with them further.
- The practice participated in local audits, benchmarking, accreditation, peer review and research.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice

Are services effective?

(for example, treatment is effective)

development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months.

- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training. We saw evidence of suitable refresher training having been booked for the near future.

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 were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

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

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.

When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

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

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, smoking and alcohol cessation. Clinical staff provided advice on lifestyle issues and patients were then signposted to the relevant service.

The practice's uptake for the cervical screening programme was 90% which was 8% above the national average. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were above the CCG average. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 72% to 100% and five year olds from 94% to 100%.

Flu vaccination rates for the over 65s were 72%, and at risk groups 46%. These were comparable to national averages.

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 for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services effective?

(for example, treatment is effective)

The practice website provided good information on a range of health-related issues, as well as local services. The practice waiting room had various information leaflets regarding health care issues and details of local support groups.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All but one of the 22 patient comment cards we received were positive about the service experienced. The one negative card, which referred to access to the service, did not mention issues over care. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Patients told us and stated in the comments cards that staff responded compassionately when they needed help and provided support when required.

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

- 92% said the GP was good at listening to them compared to the CCG average of 86% and national average of 89%.
- 94% said the GP gave them enough time (CCG average 83%, national average 87%).
- 96% said they had confidence and trust in the last GP they saw (CCG average 95%, national average 95%).
- 84% said the last GP they spoke to was good at treating them with care and concern (CCG average 81%, national average 85%).
- 92% said the last nurse they spoke to was good at treating them with care and concern (CCG average 83%, national average 91%).

- 94% said they found the receptionists at the practice helpful (CCG average 86%, national average 87%)

Care planning and involvement in decisions about care and treatment

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

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

- 89% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% and national average of 86%.
- 78% said the last GP they saw was good at involving them in decisions about their care (CCG average 80%, national average 82%).
- 85% said the last nurse they saw was good at involving them in decisions about their care (CCG average 77%, national average 85%).

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

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.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 25 patients (1%) of the practice list as carers. Written information was available to direct carers to the various avenues of support available to them.

Are services caring?

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- All appointments were 15 minutes long and longer ones were available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from them.
- Same day appointments were available for children and those with serious medical conditions.
- Appointments could be booked on-line.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately/were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available.

Access to the service

The practice's opening hours were 9.00am to 12.00 noon and 2.30pm to 6.00pm on Monday, Tuesday, Wednesday and Friday. On Thursday, it opened only during the morning; and it was closed at weekends. Appointments were 15 minutes long and commenced at 9.30 am for the morning sessions and 3.00pm during the afternoon. Telephone consultations and home visits were available. Appointments could be booked online by patients who had previously registered to use the facility. Patients could also use the facility to order repeat prescriptions. The practice also participated in the electronic prescribing service, allowing prescriptions to be sent direct to nominated pharmacies, avoiding the need for patients to attend the surgery to collect them.

The practice had opted out of providing an out-of-hours service. Patients calling the practice when it is closed were connected with the local out-of-hours service provider. There was a link to the NHS 111 service on the practice website and information about it was included in the practice website.

Results from the national GP patient survey indicated how satisfied patients were with accessing care and treatment. We noted that 60% of patients were satisfied with the practice's opening hours (compared to the CCG average of 70% and national average of 75%). However, the results also showed that 94% of patients said the last appointment they got was convenient (CCG average 88%, national average 92%). Patients we spoke with and those who completed comments cards did not say that opening hours were a problem for them. The practice told us that it would be participating in the local CCG's planned initiative allowing patients access to services from 8.00am to 8.00pm.

Other relevant results from the GP patient survey showed the practice was performing significantly better than the local average, for example –

- 95% patients said they could get through easily to the surgery by phone (CCG average 76%, national average 73%).
- 61% patients said they always or almost always see or speak to the GP they prefer (CCG average 51%, national average 59%).

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

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system, with notices in the waiting room and advice on the website.
- The suggestions box was located in the waiting area.

We looked at records of the two complaints received in the last 12 months and they were satisfactorily handled and dealt with in a timely way, openness and transparency with dealing with the complaint.

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. Its aims and objectives were set out in its statement of purpose –

- We are a small traditional practice that offers high quality general practice service to our patients.
- We aim to ensure a safe and effective service and environment.
- We aim to continually strive to improve patient care and services.
- We aim to do this through listening to our patients and their needs, acting on their feedback and responding to significant events.
- We aim to ensure all members of the practice team have access to continuing professional development and to use their skills and knowledge gained for the benefit of the patients.
- We aim to ensure we have effective and robust information governance systems
- We aim to treat all patients and staff with courtesy, respect and honesty. We offer all our services equally without discrimination.
- We aim to provide patients who are registered with the practice high quality of health care and for our patients to feel that we are focused on their wellbeing.
- We aim to achieve this by developing and maintaining a well-run practice which offers individualized personal care and to act with integrity and complete confidentiality.

Staff we spoke with knew of these and fully supported them.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.

- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Practice had a number of policies, procedures and guidelines to govern its activities. We noted that several of these were in need of review to ensure their currency and effectiveness. We were provided with evidence soon after the inspection that the reviews had taken place. We saw that all staff members were informed when reviews had been carried out and that they were required to sign a form confirming they had read and understood the documents.

Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The partners were visible in the practice and staff told us they were approachable and always took the time to listen to them.

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

When there were unexpected or unintended safety incidents:

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

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

- Staff told us the practice held regular team meetings and we saw evidence to confirm this.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did.

Are services well-led?

Good 

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

- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had been making efforts to set up a patient participation group (PPG), but responses had been disappointing. We saw that patients were being encouraged to join the group, with reference being made on the practice website and posters in the waiting area. Staff told us that efforts were continuing and we were told after the inspection that three patients had come forward. An initial meeting was planned for March 2016. The practice manager and assistant were investigating other ways to increase patient participation, for example by setting up an extended "virtual PPG", allowing patients' views to be sought by email. In the absence of a formal PPG, the practice had

monitored patients' views by other means, such as patients' suggestions and by reviewing monitoring information provided by the local Healthwatch team. For example, following a visit by Healthwatch, the practice drew up and implemented an action plan that included setting up a designated area in the waiting room to provide carer support information, for staff to be given related training and for carer packs to be accessible to reception staff.

- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, the practice would be participating in a CCG-led initiative allowing patients access to services from 8.00am to 8.00pm and has been involved in another CCG pilot scheme under which all patients aged over-75 will be visited in their homes at least annually.