

Jubilee Gardens Medical Centre

Quality Report

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

Ratings

Overall rating for this service	Good	
Are services safe?	Requires improvement	
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 Jubilee Gardens Medical Centre on 27 August 2015. Overall the practice is rated as good.

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.

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. Lessons were shared to make sure action was taken to improve safety in the practice.
- Risks to patients were assessed and well managed. The practice had arranged an external Health and Safety Assessment that confirmed health and safety risks were addressed.
- Staff had received training in basic life support and had access to appropriate equipment to manage

medical emergencies. However the storage arrangements for emergency equipment and medicines along with an unmonitored patient waiting area, potentially limited timely response if resuscitation was required.

- 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. They told us staff were helpful, caring and pleasant.
- 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 with members of staff in key leadership roles. Staff were aware of their roles and responsibilities and felt supported by the management team.

Summary of findings

However there were areas of practice where the provider needs to make improvements.

Importantly the provider must:

- Review the arrangements in place for dealing with medical emergencies, including the storage of emergency equipment and medicines and unmonitored patient waiting area.
- Ensure that spill kits are available in the event of accidental mercury spillage from blood pressure monitors still in use at the practice.

The provider should:

- Ensure clinical staff undertakes Mental Capacity Act (2005) awareness training.
- Conduct independent clinical audits in addition to CCG audit requirements.
- Ensure there is a system in place for monitoring distribution of prescription pads.
- Review the storage of paper medical records to ensure compliance with information governance requirements.

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 to report incidents and near misses. Lessons were shared to make sure action was taken to improve safety in the practice. The practice had a lead for safeguarding vulnerable adults and children and staff had received role appropriate training. There were up to date infection control policies and annual audits were undertaken to ensure infection control standards were maintained. The practice had arranged an external Health and Safety Assessment that confirmed health and safety risks were addressed and managed. Staff had received training in basic life support and had access to appropriate equipment to manage medical emergencies. However the storage arrangements for emergency equipment and medicines along with an unmonitored patient waiting area, potentially limited timely response if resuscitation was required. There were enough staff to keep patients safe.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services. Staff referred to guidance from the National Institute for Health and Care Excellence and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. Data from the Quality and Outcomes Framework (QOF) 2013/14 showed the practice had achieved 95.9% of the total points available. Staff had received training appropriate to their roles and any further training needs had been identified through annual appraisal. New staff members received a comprehensive induction training programme when they started at the practice. The practice had measures in place to promote good health, including smoking cessation services, NHS health checks and immunisations in line with national guidance.

Good



Are services caring?

The practice is rated as good for providing caring services. Patients said they felt the practice offered a good service and staff were helpful, caring and pleasant. They told us they were treated with dignity and respect and involved in decisions about their care. Information for patients about the services available was easy to understand and accessible. We also saw that staff treated patients with kindness and respect, and maintained confidentiality. The practice kept a register of patients who were also carers and they were offered support as required. Results from the GP National

Good



Summary of findings

Survey did not reflect the positive feedback received from patients on the day of inspection with many of the satisfaction scores below the CCG and national average. The practice were aware of this and anticipated higher patient satisfaction scores in the 2014/15 survey as a result of the initiation of twice weekly walk in clinics.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services. It reviewed the needs of its local population and engaged with the NHS England Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. Appointments were available in advance in addition to urgent appointments on the same day if required. The practice offered a walk in clinic twice a week in response to feedback from patients who found accessing appointments difficult. Results from the National GP patient survey showed satisfaction scores relating to appointments were below the local and national averages. However, this data was collected prior to the initiation of the walk in service. Patients we spoke with on the day of inspection responded positively about the impact this service had on issues around accessing appointments. The practice had good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff through annual analysis of all complaints received.

Good



Are services well-led?

The practice is rated as good for being well-led. It had a clear vision to provide the highest standard of patient centred healthcare to its patients. There was a clear leadership structure with members of staff in key leadership roles. Staff were aware of their roles and responsibilities and felt supported by the management team. The practice had a number of policies and procedures to govern activity and held regular governance meetings. There were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from patients through feedback, comments and complaints. The patient participation group (PPG) was active and conducted annual patient surveys. There was evidence that the practice listened to feedback from patients and acted on it to improve the service, for example in implementing twice weekly walk in clinics to improve access to appointments. Staff received annual appraisals and told us they felt supported in meeting their training needs.

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 engaged in local enhanced services to identify frail older patients at risk of hospital admission and invite them to attend for review to create comprehensive care plans aimed at reducing this risk. They maintained a register of patients over the age of 75 years and these patients were offered health checks that included routine blood tests and screening for memory and alcohol problems. We were told by staff these patients were given priority to see or talk to a GP on the same day if required. Home visits were available if required for those unable to attend the practice due to illness or immobility. The practice offered flu immunisations to patients over the age of 65 years in line with national guidance and uptake rates were comparable to local and national averages.

Good



People with long term conditions

The practice is rated as good for the care of people with long-term conditions. The practice maintained a register of patients with long term conditions and these patients were offered annual health checks. There were weekly clinics offered for patients with a range of long term conditions including asthma, chronic obstructive pulmonary Disease (COPD), diabetes and high blood pressure. There was a variety of health promotion leaflets and advice in the practice waiting room for patients with long term conditions, for example advertising local health education programmes for diabetes. The practice was engaged in local enhanced services to identify patients with complex long term conditions at risk of hospital admission and these patients were invited for review to create integrated care plans aimed at reducing this risk.

Good



Families, children and young people

The practice is rated as good for the care of families, children and young people. The practice offered pre-natal counselling and weekly GP led antenatal and postnatal care. There were on-site baby health clinics led by health visitors for child health surveillance. The practice offered a full programme of childhood immunisation in line with national guidance and figures for 2013/2014 showed uptake rates were in line with the CCG average. Appointments for sick children were prioritised. The practice was accessible to families with prams and there were facilities available for breast feeding mothers if required. There was nurse and GP-led family planning services including in-house insertion of contraceptive implant

Good



Summary of findings

devices. The practice was in the process of contacting patients between 14 and 18 years of age to offer Meningococcal ACWY vaccination introduced by the Department of Health (DoH) in August 2015.

Working age people (including those recently retired and students)

Good



The practice is rated as good for the care of working-age people (including those recently retired and students). The practice offered extended hour appointments on Saturday mornings that were useful for patients unable to attend the surgery during the week. This included access to nurse-led health checks and cervical smears. There was the facility to book appointments and request repeat prescriptions online for patients unable to call or attend the practice during opening hours. The practice offered NHS Health checks for people aged 40 -74 years with appropriate follow up of any issues detected at these checks.

People whose circumstances may make them vulnerable

Good



The practice is rated as good for the care of people whose circumstances may make them vulnerable. The practice offered double appointments for those patients who required more assistance, for example if sign language interpretation was required. The practice had disabled access and there was a hearing loop downstairs. The practice kept a register of patients with learning disabilities and these patients were offered annual health checks. We were told the practice had good links with the community learning disability team for support and advice if required. The practice list was open to homeless patients to register for access to primary medical services though there were currently no homeless patients registered at the practice.

People experiencing poor mental health (including people with dementia)

Good



The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). The practice offered screening for dementia opportunistically and during routine health checks for patients aged over 75 years with referral to local memory services if required. The practice had engaged in a 'Shifting Settings of Care' scheme which supported patients experiencing poor mental health transition from secondary care services to primary care services. The practice held mental health clinics on site for review of these patients to manage their on-going care needs and had access to multi-disciplinary support for these patients, such as a community mental health occupational therapist who patients could be referred to.

Summary of findings

What people who use the service say

The national GP patient survey results published on 2 July 2015 showed the practice was performing below the local and national averages for several satisfaction areas. There were 97 responses (of 463 surveys sent out) which represents 0.01% of the practice population.

- 23% find it easy to get through to this surgery by phone compared with a CCG average of 69% and a national average of 73%.
- 44% find the receptionists at this surgery helpful compared with a CCG average of 81% and a national average of 87%.
- 25% with a preferred GP usually get to see or speak to that GP compared with a CCG average of 53% and a national average of 60%.
- 56% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 79% and a national average of 85%.
- 62% say the last appointment they got was convenient compared with a CCG average of 87% and a national average of 92%.

- 30% describe their experience of making an appointment as good compared with a CCG average of 66% and a national average of 73%.
- 23% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 53% and a national average of 65%.
- 17% feel they don't normally have to wait too long to be seen compared with a CCG average of 45% and a national average of 58%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 35 comment cards which were all positive about the standard of care received. Comments received described the staff as helpful, caring, courteous, pleasant and efficient and described the environment as safe, hygienic and clean. Many comment cards described the overall experience of the practice as good and that they would recommend it to family and friends. The few negative comments received mentioned long waits to get through to the practice on the phone.

Jubilee Gardens Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Jubilee Gardens Medical Centre

Jubilee Gardens Medical Centre is a GP practice located in Southall within the London Borough of Ealing and is part of the NHS Ealing Clinical Commissioning Group (CCG) which is made up of 79 GP practices. The practice shares the premises building with another GP practice and with local community services. The building was part of the LIFT (Local Improvement Finance Trust) which was built in partnership with Ealing Primary Care Trust and the London Borough of Ealing. This has since been taken over by Community Health Partnerships and NHS Property Services. The practice operates from the ground and first floor of the building with lift access.

The practice provides primary medical services to approximately 7,600 patients. The practice holds a core General Medical Services contract.

The practice team comprises of one senior male GP partner, two female GP partners, one male salaried GP, one male and one female regular locum GPs, one nurse

practitioner, two practice nurses, one Health Care Assistant, supported by a practice manager, assistant practice manager, twelve receptionists, two secretaries and one administration clerk.

The practice opening hours are 8.00 am to 6.30pm Mondays, Tuesdays, Thursdays and Fridays, 8.00 am to 1.00 pm on Wednesdays and 9.00 am to 12.00 pm on Saturdays. There is a walk in surgery offered every Monday and Friday from 8.30 am to 11.30 am. Normal consulting times are 9.00 am to 1.30pm and 3.30pm to 6.00pm Mondays, Tuesdays, Thursdays and Fridays and from 9.00 am to 12.00pm Wednesdays. Extended hour surgeries are offered on Saturdays from 9.00 am to 12.00pm. The out of hours services are provided by an alternative provider. The details of the out-of-hours service are communicated in a recorded message accessed by calling the practice when it is closed and on the practice website.

The practice provides a wide range of services including checks for diabetes, blood pressure, asthma, chronic obstructive pulmonary disease (COPD) review, anticoagulation services, family planning and child health care. The practice also provides health promotion services including a flu vaccination programme, travel vaccinations and cervical screening.

The age range of patients is predominately 20 - 59 years and the number of 0 - 14 year olds and 25 - 39 year olds is greater than the England average.

Detailed findings

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme. This provider had not been inspected before and that was why we included them.

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.

How we carried out this inspection

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 whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia)

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 27 August 2015. During our visit we spoke with a range of staff including GPs, practice nurse, practice manager and administration staff and spoke with patients who used the service. We observed how people were being cared for and talked with carers and/or family members and reviewed the personal care or treatment records of patients. We reviewed comment cards where patients and members of the public shared their views and experiences of the service.

Are services safe?

Our findings

Safe track record and learning

There was a system in place for reporting and recording significant events. Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system. We saw evidence the practice carried out an analysis of the significant events.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, a significant incident was recorded following an issue with blood test monitoring in a patient on anti-coagulation medication. The practice held a team meeting to discuss the event and identified areas for improvement to prevent similar incidents occurring in the future. Action points included ensuring all staff were aware of the clinical leads for anticoagulation at the practice and developing a protocol for reception staff to follow when patients requested a repeat prescription for anti-coagulation medicines. The practice held a further review meeting a month later that confirmed these actions had been completed and the new protocol was being followed.

Safety was monitored using information from a range of sources, including NPSA and NICE guidance. This enabled staff to understand risks and gave a clear, accurate and current picture of safety. Safety alerts were received by the practice manager who emailed them out to clinical staff to ensure they were updated.

Overview of safety systems and processes

The practice could demonstrate its safe track record through having risk management systems in place for safeguarding, health and safety including infection control, medicines management and staffing.

- Arrangements were in place to safeguard adults and children 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. The two GP partners were joint leads for safeguarding. The GP attended safeguarding meetings

when possible and provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role.

- A notice was displayed in the waiting room, advising patients that clinical staff would act as chaperones, if required. All staff who acted as chaperones were trained for the role and had received a criminal record check by the Disclosure and Barring Service (DBS). (These 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).
- There were procedures in place for monitoring and managing risks to patient and staff safety. One of the GP partners was the lead for health and safety at the practice. The premises were maintained by NHS Property Services who were responsible for building maintenance and checks, including fire alarm and emergency lighting maintenance and legionella risk assessment. The practice had arranged a health and safety review performed by an external contractor in August 2015. This found the practice was in generally good condition in reference to health and safety but advised some actions be carried out such as labelling the room where the oxygen cylinder was stored and updating the health and safety poster displayed. We were informed by the practice these actions were in the process of being completed.
- The practice had up to date fire risk assessments and regular fire drills were carried out. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health (COSHH) and infection control. It was noted that the practice retained two mercury blood pressure devices but did not have access to spill kits in the event of accidental mercury spillage.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. The nurse practitioner was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and

Are services safe?

staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.

- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Regular medicine audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Prescription pads were securely stored however there were no systems in place for monitoring the distribution of stock through the recording of prescription serial numbers. The practice had a policy for repeat prescribing to ensure patients received regular medication review. This included a policy for repeat prescribing of anti-coagulation medicines which would not be issued if a current INR level was not recorded in the patient record.
- Patients' medical care records were stored electronically and paper records were stored in a securely locked and code protected room in restricted area of the building. However, this room was shared with the other GP practice and community staff located in the building.
- Recruitment checks were carried out and the four files we sampled showed that appropriate recruitment checks had been undertaken prior to employment in accordance with the recruitment policy. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. All new staff received a one week induction training programme and were provided with an employee handbook detailing the practices human resources policies.
- Arrangements were in place for planning and monitoring the number of staff and skill mix of staff needed to meet patients' needs. The GPs had a 'buddy'

system in place to cover each other during annual leave. We were told during the event of staff sickness locum cover would be sought to ensure safe staffing levels were maintained.

Arrangements to deal with emergencies and major incidents

All staff received annual basic life support training and there were emergency medicines available in the treatment room. These included medicines to manage cardiac arrest, anaphylaxis, chest pain, hypoglycaemia and breathing difficulties. All the medicines we checked were in date and fit for use. The practice had access to a defibrillator although this was kept within the reception area on the ground floor of the premises. The defibrillator was provided and maintained by the landlord responsible and was for use by all services that operated at the premises. It was noted that there were no paediatric electrode pads available for the defibrillator. The practice had their own oxygen cylinder with adult and children's masks, however this was retained in a consultation room on the first floor of the premises which was locked when not in use. There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. However, the storage arrangements of emergency equipment and medicines potentially limited timely response if resuscitation was required.

The practice shared a first floor communal patient waiting area with the other GP practice on site. This waiting area was not manned, visible from the ground floor reception or monitored by CCTV camera at all times. This presented a risk to any seriously ill patients as staff may not be able to respond in a timely way to a potential medical emergency.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment in line with NICE best practice guidelines and had systems in place to ensure all clinical staff were kept up to date. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs. The practice monitored that these guidelines were followed through audits and data from the Outcomes and Quality Framework (QOF). Staff attended CCG led updates in specific areas, such as diabetes, to ensure they were up to date with current guidelines.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF) (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Current results were 95.9% of the total number of points available, with 8.5% exception reporting. This was 2.3% above the local CCG average and 2.4% above national average. Clinical results were mixed and included;

- Performance for diabetes related indicators was below the CCG average, with 80.1% of the total points achieved compared to the CCG average of 87.9%.
- The percentage of patients with hypertension in whom the last blood pressure reading was below 150/90mmHG was 86.1% which was a little above the CCG average of 83.4%
- Performance for mental health related and hypertension indicators was better than the CCG average, with 100% of the total points available for both areas compared to CCG averages of 92.2% for mental health and 91.6% for hypertension.
- The percentage of patients diagnosed with dementia whose care and been reviewed in a face-to-face review in the preceding 12 months was 80%, which was slightly below the CCG average of 86.2%.

Clinical audits carried out were linked to CCG guidance and prescribing schemes. We saw two clinical audits carried out in the last year, one on repeat prescribing and one on monitoring prescribing in chronic obstructive pulmonary disease (COPD) compared to NICE guidance. Both of these

were completed audits where the improvements made were checked and monitored. The practice had not conducted any independent or practice led audits. The practice was engaged in local enhanced services and used risk stratification tools to identify patients at high risk of hospital admission. These patients were contacted to attend for medical review during which comprehensive care plans aimed at reducing this risk were agreed. The practice had achieved the target of completing 25 of these care plans with 131 care plans completed at the time of inspection (2.3%). The practice took part in CCG led review of unplanned admissions and frequent attenders to accident emergency and these cases were reviewed to identify areas where community services could meet their needs.

Effective staffing

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

- The practice had a comprehensive induction programme for newly appointed non-clinical members of staff that covered such topics as fire safety, health and safety and confidentiality. New staff members were assigned a mentor and shadowed this member of staff to familiarise themselves with the role and running of the practice.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included on-going support during sessions, one-to-one meetings, appraisals, clinical supervision, and facilitation and support for the revalidation of doctors. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, and basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

Are services effective?

(for example, treatment is effective)

and their intranet system. This included care and risk assessments, care plans, medical records and test results. Information such as NHS patient information leaflets were also available.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan on-going care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital. The practice did not hold routine multi-disciplinary team meetings, however they told us they worked closely with a range of community health teams including, health visitors, social services and palliative care teams. If there were several patients receiving palliative care input, the clinical staff would arrange meetings as required with the community palliative care team to discuss the management of these patients. The practice held quarterly meetings with the district nursing team and was sent monthly lists by the team to update the practice on patients receiving their input in the community. The practice had telephone access to the community heart failure team for referrals and advice.

Consent to care and treatment

Patients' consent to care and treatment was always sought in line with legislation and guidance. Staff we spoke with demonstrated an understanding of the requirements of the Mental Capacity Act (2005) (The MCA provides a legal framework for health and care professionals to act and make decisions on behalf of adults who lack the capacity to make particular decisions for themselves). However, staff had not received formal MCA training. When providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with relevant guidance. Written consent was obtained for minor surgery and insertion of contraceptive implant devices and these were scanned into the patients electronic record. We did not see evidence that the process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. The practice population had a high number of patients who did not speak English as their first language and they had catered for this by ensuring

access to translation services. They also had the facility to print health information leaflets in different languages. Patients who may be in need of extra support, such as those at risk of developing a long-term condition and those requiring advice on their diet and smoking cessation, were identified and signposted to the relevant service. The practice offered a nurse-led smoking cessation service and referrals were made to the community dietician for advice on diet and lifestyle was required.

The practice's uptake for the cervical screening programme was 63.6%, which was below the CCG average of 78.6% and the national average of 81.9%. The practice was aware of this and felt it may be due in part to the cultural diversity, values and beliefs of their practice population that may influence their decisions. There was a policy to offer three letter reminders for patients who did not attend for their cervical screening test. There was a form for patients to sign if they refused a cervical smear to ensure they understood the information provided and were making an informed decision. The practice also encouraged their patients to attend national screening programmes for bowel and breast cancer screening.

Data from 2013/2014 showed the ratio of reported versus expected prevalence for Chronic

Obstructive Pulmonary Disease (COPD) of 0.21 was below the national rate of 0.61. The practice told us this was due to the lower number of patients who smoked within their practice population. However, they did not demonstrate evidence that they had reviewed their rates of COPD diagnosis to confirm this and there was no routine screening for COPD offered to patients who smoked.

Information available on the day of inspection showed childhood immunisation uptake rates were at or above the CCG average. For example, data from 2013/2014 showed childhood immunisation rates for the vaccinations given to under two year olds ranged from 90.2% to 98.2% and five year olds from 64.2% to 96.2.0%. Flu vaccination rates for the over 65s were 64%, and at risk groups 54%. These were comparable to the national average. However, data for 2014/2015 released after the inspection showed that uptake rates for certain childhood immunisations had fallen below the CCG average. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 19.1% to 97.2% and five year olds from 54.6% to 95.0%.

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

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors

were identified. Patients over the age of 75 years were also invited for health checks that included blood pressure checks, weight and height measurements and routine blood tests.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone. Curtains were provided in consulting 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.

All of the 35 patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered a good service and staff were helpful, caring, courteous, and pleasant and treated them with dignity and respect. We also spoke with four members of the patient participation group (PPG) on the day of our inspection. They also told us they felt positive about the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. Notices in the patient waiting room told patients how to access a number of support groups and organisations. 41% patients said they found the receptionists at the practice helpful compared to the CCG average of 81% and national average of 87%.

Results from the national GP patient survey, however, did not reflect the positive feedback received on the day of inspection from patients. The practice was below local and national averages for several of its satisfaction scores on consultations with doctors and nurses. For example:

- 62% said the GP was good at listening to them compared to the CCG average of 84% and national average of 89%.
- 59% said the GP gave them enough time compared to the CCG average of 80% and national average of 87%.
- 80% said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and national average of 95%

- 59% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 79% and national average of 85%.
- 57% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 83% and national average of 90%.

Care planning and involvement in decisions about care and treatment

Patients we spoke with on the day of our inspection told us that health issues were discussed with them and 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.

However, results from the national GP patient survey we reviewed did not reflect this positive feedback with results from questions about patient involvement in planning and making decisions about care and treatment falling below local and national averages. For example:

- 61% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 81% and national average of 86%.
- 52% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 75% and national average of 81%

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

Patient and carer support to cope emotionally with care and treatment

The practice's computer system alerted GPs if a patient was also a carer. There was a practice register of all people who were carers and offered them support as required, for example health checks and annual flu vaccinations if appropriate. Written information was available for carers to ensure they understood the various avenues of support available to them.

Staff told us that if families had suffered bereavement, the practice contacted them or sent them a message of condolence with offer of support if required.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local CCG to improve outcomes for patients in the area. For example, through working with the CCG they were aware of the ethnic diversity of their practice population and of the needs of these patients. They had facilities to produce patient information in different languages and accessed translation services when necessary.

There was an active PPG which met every three months, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, feedback from the PPG led patient survey in 2014 showed patients responded positively about the suggestion of a twice weekly walk in surgery. This feedback led to the practice to develop their walk in surgery on Monday and Friday mornings. The PPG members we spoke with felt valued and listened to by the practice. For example, they told us that when issues had been raised in the past about reception staff, the practice responded by providing further training which resolved the problem.

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

- The practice engaged in enhanced services to identify frail elderly patients and those with long term conditions at risk of hospital admission and invited them for review to discuss and create integrated care plans. The practice had completed 131 of these care plans at the time of the inspection which was above the 2% target.
- The practice maintained a register of patients over the age of 75 years (316 patients in total) and they were offered routine elderly health checks that included screening for dementia and alcohol misuse. These patients were also given priority to see or speak with a doctor on the same day if required.
- The practice maintained a register of patients with long term conditions and these patients had a named GP who was responsible for their care. Weekly clinics were offered for a range of long term conditions including diabetes, high blood pressure, asthma, chronic obstructive pulmonary disease (COPD) and heart disease.

- There were a variety of health education and promotion leaflets for patients with long-term conditions in the waiting room. For example, posters promoting a local diabetes group education programme and leaflets to raise awareness of the importance of annual diabetic foot checks.
- The practice kept a list of housebound patients and home visits were available.
- Double appointments were available for those that required more assistance. For example, the practice had identified patients with hearing difficulties and they were offered double appointments with a sign language translator or carer who was able to sign for them. These patients had the practice manager's email address and were able to email any requests or issues to aid communication.
- The practice had disabled access and there were disabled toilet facilities available.
- The practice offered GP led antenatal and postnatal care. There was an on-site baby health clinic led by health visitors for child health surveillance.
- The practice was accessible to families with prams and there was a room available for breast feeding mothers.
- The practice nurses were trained in family planning and GPs offered an in-house contraception service including insertion of contraception implant devices.
- The practice offered Saturday appointments, including access to nurse led health checks and smears that were useful for patients who could not attend the surgery during normal opening hours. There was the facility to book appointments and request prescriptions online.
- There was a hearing loop available on the ground floor only.
- The practice kept a register of patients with learning disabilities and these patients were offered annual health reviews. We were told all annual reviews had been completed at the time of inspection, however we did not see evidence to confirm this. The practice told us they worked closely with the community learning disability team for support and advice when required.
- We were told the practice list was open to homeless patients to register if required though they currently had no patients on their homeless register.
- The practice had engaged in the 'shifting settings of care' scheme which supported patients experiencing poor mental health transition from secondary care services to primary care services. The practice held mental health clinics on site for review of these patients

Are services responsive to people's needs?

(for example, to feedback?)

to manage their on-going care needs. As part of this scheme the practice had access to multi-disciplinary support for patients, for example they had a mental health occupational therapist who attended the practice to support patients as needed.

Access to the service

The practice was open from 8.00 am to 6.30pm Mondays, Tuesdays, Thursdays and Fridays, 8.00 am to 1.00 pm on Wednesdays and 9.00 am to 12.00 pm on Saturdays. Normal consulting times are 9.00 am to 1.30pm and 3.30pm to 6.00pm Mondays, Tuesdays, Thursdays and Fridays and from 9.00 am to 12.00pm Wednesdays. There was a walk in surgery offered on Monday and Fridays from 8.30 am to 11.30 am. Extended hour surgeries were offered on Saturdays from 9.00 am to 12.00pm. In addition to pre-bookable appointments that could be booked up to three weeks in advance, urgent appointments were also available for people that needed them.

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

- 48% of patients were satisfied with the practice's opening hours compared to the CCG average of 71% and national average of 75%.
- 23% patients said they could get through easily to the surgery by phone compared to the CCG average of 69% and national average of 73%.
- 30% patients described their experience of making an appointment as good compared to the CCG average of 66% and national average of 73%.
- 23% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 53% and national average of 65%.

The practice were aware of these low satisfaction scores and told us the data for this survey had been collected

prior to the initiation of the Monday and Friday walk in clinics. Feedback we received from patients we spoke with on the day and comment cards received was more positive about the new appointment arrangements, with many patients stating the new walk in clinics had helped with the issues around accessing appointments. Negative feedback received from patients focused on problems getting through to the surgery on the phone. The practice told us this was an on-going issue that they were struggling to improve, due to the telephone system in place that was contracted by the joint landlords. The current telephone system did not have an auto-attendant menu answering system or call queuing messaging to advise callers of their queue position. We were told that this had been requested of the landlords but due to installation costs had not been progressed.

Listening and learning from concerns and complaints

The practice had a 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. 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 through a complaints leaflet available at reception, information on the practice website and within the practice leaflet. Patients we spoke with were aware of the process to follow if they wished to make a complaint.

We looked at 10 complaints received in the last 12 months and found these were satisfactorily handled with openness and full explanations or resolutions offered to the patients concerned when required.

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 vision to offer the highest standard of patient centred quality healthcare to their patients in a friendly environment. The practice values were displayed on the practice website and patient information leaflet. Staff we spoke with told us the practice had an ethos which was strongly patient-centred. The practice were aware of the challenges they faced and had initiated actions to enable them to take the practice forward in accordance with their vision and values as part of their future strategy. For example, they had recently appointed an additional GP partner and envisaged that this would help drive continuous improvement at the practice.

Governance arrangements

The practice had governance systems in place to manage structures and procedures in seven key areas: clinical effectiveness, risk management, patient experience and involvement, resource effectiveness, strategic effectiveness and learning effectiveness.

Governance systems in the practice were underpinned by:

- A clear staffing structure and a staff awareness of their own roles and responsibilities. Staff had lead roles in a variety of areas including safeguarding, clinical governance, infection control, health and safety and information technology.
- Practice specific policies that were implemented and that all staff could access, for example a recruitment policy, health and safety policy and infection control policy.

- A system of reporting incidents without fear of recrimination and whereby learning from outcomes of analysis of incidents actively took place.
- Clear methods of communication that involved the whole staff team and other healthcare professionals to disseminate best practice guidelines and other information.
- Proactively gaining patients' feedback and engaging patients in the delivery of the service. Acting on any concerns raised by both patients and staff. For example, following feedback from patients through the Patient Participation Group (PPG) led survey the practice initiated a twice weekly walk in service to improve access to appointments.
- The GPs were all supported to address their professional development needs for revalidation and all staff in appraisal schemes and continuing professional development.

Innovation

There was a focus on learning and improvement at all levels within the practice. Staff we spoke with gave us examples of how they had been able to develop in their roles and the support they had been given to do so. For example, the health care assistant had been supported by the practice whilst training to be a registered nurse, during which flexible working arrangements had been agreed by the practice to accommodate specific training course requirements.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment How the regulation was not being met: We found that the registered person was not doing all that was reasonably practical to mitigate the risks in responding to a clinical or medical emergency. This was in breach of regulation 12 (2) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.