

Eltham Medical Practice

Quality Report

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

Ratings

Overall rating for this service	Good	
Are services safe?	Good	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Good	

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Eltham Medical Practice on 17 May 2017. 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 a system in place for reporting and recording significant events.
- Staff had received training on safeguarding children and vulnerable adults relevant to their role. They understood their responsibilities; however, not all staff spoken to were aware of external safeguarding agencies.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice had been improved and minimised risks to patient safety. However, we noted that the practice did not stock some of the recommended emergency drugs.
- Fire safety measures at the main site were the responsibility of the building owners. The practice had not considered the potential benefits of periodically reviewing the level of fire safety awareness within their own staff team.
- The practice provided us with two audits completed in the last three years. These showed limited evidence of quality improvement.
- There were panic alarms in all the consultation and treatment rooms which alerted staff to any emergency. There was also an emergency/panic button in the reception area; however we were informed this had not been enabled. The potential risk this posed to staff had not been assessed.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was comparable to local and national outcomes for its satisfaction scores on consultations with GPs and nurses.

Summary of findings

- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- We noted that there was no effective safety net in place to ensure blood tests arranged by the nurse practitioner were followed up.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns. However, the practice asked that all complaints be made in writing contrary to current regulations.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment was comparable to local and national averages.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.

The areas where the provider should make improvement are:

- Review practice emergency arrangements, specifically relating to emergency medicines; fire safety and panic alarms.
- Ensure staff are aware of external safeguarding agencies, and when they might use them.
- The provider should continue to consider the quality of care provided; review the care provided in relation to current best practice guidance; make changes where necessary or appropriate in order to improve and revisit the question to see whether the changes made have resulted in an improvement.
- Review the blood test follow up system used by the nurse practitioner, to minimise the risk to patients that results were not followed up.
- Ensure the complaints process is in line with legislative requirements such as signposting the Ombudsman in the practice's decision letter, accepting oral complaints and ensuring complainants receive suitable support and advice, or signposting to them.

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.

Good



- From the sample of documented examples we reviewed, we found there was an effective system for reporting and recording significant events; in most instances lessons were shared to make sure action was taken to improve safety in the practice. When things went wrong patients were informed as soon as practicable, received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice had been improved and minimised risks to patient safety. However, we noted that the practice did not stock some of the recommended emergency drugs.
- Staff had received training on safeguarding children and vulnerable adults relevant to their role. They understood their responsibilities; however, not all staff spoken to were aware of external safeguarding agencies.
- The practice provided us with two audits completed in the last three years. These showed limited evidence of quality improvement.
- The practice had arrangements to respond to emergencies and major incidents; however, in some areas these could be improved.
- We saw the branch site fire alarm system was checked weekly, and regular fire drills were carried out. We were informed that responsibility for fire safety at the main site was the responsibility of the building owners and that they maintained the fire fighting /detection equipment and conducted whole building drills (the building was shared with another GP practice and the community hospital). The practice had not considered the potential benefits of periodically reviewing the level of fire safety awareness within their own staff team.
- There were panic alarms in all the consultation and treatment rooms which alerted staff to any emergency. There was also an emergency/panic button in the reception area; however, we were informed it was not enabled. The potential risk this posed to staff had not been assessed.

Are services effective?

The practice is rated as good for providing effective services.

Good



Summary of findings

- Data from the Quality and Outcomes Framework showed patient outcomes were mixed. Some were at or above average compared to the national average but several were below.
- Staff were aware of current evidence based guidance.
- There was minimal evidence of a quality improvement programme.
- Staff had the skills and knowledge to deliver effective care and treatment. The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, nurses undertaking cervical smears underwent annual refresher training.
- There was evidence of appraisals for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- End of life care was coordinated with other services involved.
- We noted that there was no effective safety net in place to ensure blood tests arranged by the nurse practitioner were followed up.

Are services caring?

The practice is rated as good for providing caring services.

- Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was comparable for its satisfaction scores on consultations with GPs and nurses.
- Survey information we reviewed showed that patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Patients responded positively to questions about the GPs involving them in planning and making decisions about their care; but were less positive about the nurses.
- Information for patients about the services available was accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice understood its population profile and had used this understanding to meet the needs of its population. For example it offered extended hours at the branch site on a Tuesday and Thursday evening until 8.00pm and on Thursday mornings from 7.00am, for working patients who could not attend during normal opening hours.

Good



Summary of findings

- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment was comparable to local and national averages.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and evidence from nine examples reviewed showed the practice responded quickly to issues raised. However, the practice asked that all complaints be made in writing, contrary to current regulations.
- Learning from most complaints was shared with staff.

Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had policies and procedures to govern activity and held regular governance meetings.
- An overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- The provider was aware of the requirements of the duty of candour. In four examples we reviewed we saw evidence the practice complied with these requirements.
- The partners encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged with the patient participation group.
- There was a focus on continuous learning and improvement at all levels.

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.

- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care. It maintained a palliative care register. There were 48 patients on this register, all of whose care had been reviewed in the past year.
- The practice liaised with community services such as the rapid medical assessment team and the community rehabilitation team to enhance the care provided.
- Regular multidisciplinary team meetings were held with member of staff from, for example, the district nurses, and the community heart failure and COPD (chronic obstructive pulmonary disease) teams.

Good



People with long term conditions

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

- Nursing staff had lead roles in long-term disease management.
- Performance for diabetes related indicators was higher than the CCG and/or national averages.
- The practice offered a range of testing on site, including blood tests, spirometry, ECGs and APBM (Ambulatory Blood Pressure Monitoring).
- All these patients had a named GP and there was a system to recall patients for 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.
- Patients who failed to attend for management of their condition were followed up with a telephone call or letter; and text reminders for appointments were sent.

Good



Summary of findings

Families, children and young people

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

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice provided a dedicated baby clinic which offered the eight week baby check, first immunisations and a post-natal check for the mother in a single appointment.
- The practice reserved a minimum of two slots per clinician at the end of the morning surgery to ensure children were seen promptly.
- A family planning clinic was available, which offered coils and implants.

Good



Working age people (including those recently retired and students)

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

- The needs of these populations had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care, for example, extended opening hours in the morning and evening.
- 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.
- Telephone consultations were available for those patients who felt their needs could be met over the phone.

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 those with a learning disability. There were 53 patients on the learning disability register, of whom 34 had received an annual review in the last year. All patients had been invited to an annual review; and those who did not received a follow up phone call again inviting them to attend.
- Homeless patients were enabled to register.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.

Good



Summary of findings

- The practice offered longer appointments for patients with a learning disability, and there was a nominated lead for learning disabilities.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They 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 carried out advance care planning for patients living with dementia.
- 81% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which is slightly lower than the comparable to the national average of 84% and CCG average of 87%.
- The practice specifically considered the physical health needs of patients with poor mental health and dementia. There were 122 patients on the mental health register, of whom 111 had received an annual review in the last year.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- Patients at risk of dementia were identified and offered an assessment.
- The practice had a dedicated mental health lead nurse. Patients with complex needs were offered longer appointments.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing in line with local and national averages. Two hundred and fifty two survey forms were distributed and 113 were returned. This represented less than 1% of the practice's patient list.

- 86% of patients described the overall experience of this GP practice as good compared with the CCG average of 82% and the national average of 85%.
- 73% of patients described their experience of making an appointment as good compared with the CCG average of 70% and the national average of 73%.
- 86% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 74% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection.

We received 14 comment cards, eight of which were all positive about the standard of care received. Patients commented that they felt listened to, felt staff treated them with dignity and respect and they provided a friendly and efficient service. Six patients left cards that were less positive, with the main concern being difficulties in getting appointments.

We spoke with four patients during the inspection. All four patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. We also spoke with the chair of the patient participation group who commented that the practice was supportive of the group, provided regular feedback and proactively used patient comments to improve services.

Friends and Family test results provided by the practice showed that in February and April 2017 87% of respondents were likely or very likely to recommend the practice. This figure rose to 93% in March 2017.

Areas for improvement

Action the service SHOULD take to improve

- Review practice emergency arrangements, specifically relating to emergency medicines; fire safety and panic alarms.
- Ensure staff are aware of external safeguarding agencies, and when they might use them.
- The provider should continue to consider the quality of care provided; review the care provided in relation

to current best practice guidance; make changes where necessary or appropriate in order to improve and revisit the question to see whether the changes made have resulted in an improvement.

- Review the blood test follow up system used by the nurse practitioner, to minimise the risk to patients that results were not followed up.
- Ensure the complaints process is in line with legislative requirements such as signposting the Ombudsman in the practice's decision letter, accepting oral complaints and ensuring complainants receive suitable support and advice, or signposting to them.

Eltham Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead Inspector. The team included a GP specialist adviser and a practice manager specialist adviser.

Background to Eltham Medical Practice

The practice operates from two sites in Eltham, London; its main site in Eltham Community Hospital Passey Place and its branch site in Well Hall Road. It is one of 43 GP practices in the Greenwich Clinical Commissioning Group (CCG) area. There are approximately 15000 patients registered at the practice. The practice is registered with the Care Quality Commission (CQC) to provide the regulated activities of diagnostic and screening procedures, family planning services, maternity and midwifery services, surgical procedures and treatment of disease, disorder or injury.

The practice has a personal medical services (PMS) contract with the NHS and is signed up to a number of enhanced services (enhanced services require an enhanced level of service provision above what is normally required under the core GP contract). These enhanced services include extended hours access, dementia, influenza and pneumococcal immunisations, learning disabilities, minor surgery, online access, patient participation, risk profiling and case management, rotavirus and shingles immunisation, services for violent patients, and unplanned admissions.

The practice population of male and female patients in all age groups is broadly in line with either the CCG or the national average. Income deprivation levels affecting

children and adults registered at the practice are above the national average. The population is predominantly white, with the next highest ethnic groups black (6.6%) and Asian (6.1%). Life expectancy for both males (80 years) and females (84 years) is slightly higher than the England averages (males 79 years, females years).

The clinical team includes two male partners and four salaried GPs (one male and three female). They also had a regular locum. The GPs provide a combined total of 39 fixed sessions per week. The partners acknowledged that they need additional clinicians and are in the process of recruiting. There are three female salaried practice nurses and two female nurse practitioners. The clinical team is supported by a practice manager, a business manager and 20 administrative/ reception staff. The practice provides undergraduate training for medical students and had recently been accredited to provide training for foundation year two doctors (a foundation doctor is a grade of medical practitioner undertaking the Foundation Programme – a two-year, general postgraduate medical training programme which forms the bridge between medical school and specialist/general practice training).

The main practice is open from 8.00am to 6.30pm Monday to Friday. The Well Hall Road branch site is open from 8.00am to 6.30pm on Monday, Wednesday and Friday; from 8.00am to 8.00 pm on Tuesdays and from 7.00am to 8.00 pm on Thursdays. This site is closed from 12.00pm to 1.00pm each weekday. Both sites are closed on bank holidays and weekends. Appointments with GPs and nurses are available at various times between 8.00am and 8.00pm Monday to Friday.

The premises at the main and branch sites operate over two floors of purpose built buildings. At the main site, which is shared with another GP practice, there are five consulting rooms, a treatment room, shared reception and

Detailed findings

waiting areas, two wheelchair-accessible toilets, a breastfeeding room, baby changing room and two meeting rooms on the ground floor. There is a shared administrative room on the first floor. There is disabled parking available.

At the branch site there are three consulting rooms, a treatment room, a wheelchair-accessible patient toilet, baby changing facilities, a reception and waiting area on the ground floor, with three staff offices on the first floor. There is car parking and disabled parking available.

Why we carried out this inspection

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

This location was inspected in May 2016, at which time it was registered under its provider's name – Eltham Medical Practice. It was rated as requires improvement for providing safe, responsive and well led services; rated as good for providing effective and caring services, and rated as requires improvement overall.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations share what they knew. We carried out an announced visit on 17 May 2017. During our visit we:

- Spoke with a range of staff including GPs, practice nurse, practice manager and administrative staff; and spoke with patients who used the service.
- Observed how patients were being cared for in the reception area and talked with carers and/or family members
- Reviewed a 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.
- Visited all practice locations
- Looked at information the practice used to deliver care and treatment plans.

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 living 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

At our previous inspection on 19 May 2016, we rated the practice as requires improvement for providing safe services as we found that:

- Not all members of staff were clear on the process to follow for raising concerns, incidents and near misses.
- Although risks to patients who used services were assessed, some systems and processes were not implemented well enough to ensure patients were kept safe.
- The system for managing medicines was not robust; some medicines had expired.
- Electrical equipment had not been checked to ensure it was safe to use.
- There was no evidence of mandatory fire safety, safeguarding, information governance, infection control and basic life support training for some staff members.
- There was no evidence that inductions and all necessary recruitment checks had been completed for newly recruited staff.

These arrangements had improved when we undertook a second inspection on 17 May 2017. The practice is now rated as good for providing safe services.

Safe track record and learning

There was a system 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 incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- From the four documented samples we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written or verbal apology and were told about any actions to improve processes to prevent the same thing happening again.

- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. In most instances the practice carried out a thorough analysis of the significant events. We saw evidence that the practice acted upon medicine alerts and guidance.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, we saw parents had been advised by non-clinical staff to take their child to a pharmacy when they called into the practice for an emergency appointment. This was contrary to practice guidelines and as a result all non-clinical staff were notified of the incident and advised that in all such cases the patient should be booked in for an appointment or a triage call back.
- The practice also monitored trends in significant events and evaluated any action taken.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety, however not all staff interviewed were familiar with external safeguarding agencies who could be contacted if they had concerns.

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. We saw staff acted promptly when alerted to possible safeguarding concerns.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role, however, not all staff spoken to were aware of external safeguarding agencies. GPs were trained to child protection or child safeguarding level three, nurses to level two. All other staff were trained to level one.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with

Are services safe?

children or adults who may be vulnerable). There was an (undated) chaperone policy in place. We noted it did not state that all (non clinical) staff who chaperoned would be DBS checked; or that where a chaperone was used an entry would be made in the patient's record.

The practice maintained appropriate standards of cleanliness and hygiene.

- We visited the main practice and the branch, and observed both premises to be clean and tidy. There were cleaning schedules and monitoring systems in place.
- One of the GPs was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training. Annual IPC 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 medicines and vaccines, in the practice had been improved and minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- There were processes for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred. The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems to monitor their use. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment). We reviewed these and found they were all in date, and all but one had been appropriately signed. The omission was corrected by the end of the inspection.
- All of the medicines we checked were in date.

- The practice had revised its medicines management policy and this now named persons responsible for monitoring expiry dates of all medicines, including vaccines. Additionally, electronic tags had been set up on the practice's intranet system which reminded staff to make checks at specific intervals.

The practice had introduced a new recruitment checklist. We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body, appropriate checks through the DBS and medical indemnity where required. The practice told us they used a long term locum for two to three sessions per week. There was a locum induction pack available.

Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available.
- We saw the branch site fire alarm system was checked weekly, and regular fire drills were carried out. We were informed that responsibility for fire safety at the main site was the responsibility of the building owners and that they maintained the fire fighting /detection equipment and conducted whole building drills (the building was shared with another GP practice and the community hospital). The practice had not considered the potential benefits of periodically reviewing the level of fire safety awareness within their own staff team.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order. The last calibration check had been undertaken in January 2017; whilst the last electrical testing had been carried out in July 2016.
- The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control and Legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure

Are services safe?

enough staff were on duty to meet the needs of patients. Some of the practice nurses were approaching retirement. The practice had commenced succession planning to ensure they had sufficient replacements when that became necessary.

Arrangements to deal with emergencies and major incidents

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

- There were panic alarms in all the consultation and treatment rooms which alerted staff to any emergency. There was also an emergency/panic button in the reception area; however, we were informed that this had not been enabled. The potential risk this posed to staff had not been assessed.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely. The practice had a system to remind staff to check expiry dates of medicines in the doctors' bags. We noted that salbutamol and prednisolone were not carried in the doctors' bags; and that due to supply difficulties neither hydrocortisone nor diazepam were kept as emergency drugs. The partners told us that they would consider alternatives.
- The practice had a business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and could be accessed remotely with a secure log in. As the provider operated from two sites, they did not necessarily need a buddy practice in the event they could not use one of their sites but nevertheless they had a reciprocal arrangement within their local GP federation.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

The practice had systems to keep all clinical staff up to date. Staff could access guidance through links with NICE and other clinical systems and used this information to deliver care and treatment that met patients' needs. New guidance and alerts were circulated to staff by the practice manager. Staff were able to discuss the most recent guidance they had accessed which related to medication for epilepsy. As a result of this seven patients had had their medication changed.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 99% of the total number of points available compared with the clinical commissioning group (CCG) average of 89% and national average of 95%.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/16 showed:

Performance for diabetes related indicators was higher than the CCG and/or national averages; however, exception rates in some cases were also higher (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). For example:

- The percentage of patients with diabetes, on the register, in whom the last IFCCHbA1c was 64 mmol/mol or less in the preceding 12 months (01/04/2015 to 31/03/2016) was 77% compared to the CCG average of 71% and national average of 78% (practice exception rate 13%, CCG rate 8%, national rate 12%).
- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80

mmHg or less (01/04/2015 to 31/03/2016) was 87%, compared to the CCG average of 72% and national average of 78% (practice exception rate 8%, CCG rate 7%, national rate 9%).

- The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) was 5 mmol/l or less (01/04/2015 to 31/03/2016) was 86%, compared to the CCG average of 75% and the national average of 80% (practice exception reporting rate 14%, CCG rate 8%, national rate 13%).
- Performance for mental health related indicators were comparable to CCG and national averages:
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2015 to 31/03/2016) was 97% compared to the CCG average of 82% and the national average of 89% (the practice exception rate was 11%, CCG rate 5%, national rate 13%).
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption had been recorded in the preceding 12 months (01/04/2015 to 31/03/2016) was 95% compared to the CCG average of 82% and the national average of 89% (the practice exception rate was 8%, CCG rate 3%, national rate 10%).
- The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2015 to 31/03/2016) was 81% compared to the CCG average of 87% and the national average of 84% (the practice exception rate was 3%, CCG rate 4%, national rate 7%).

There was limited evidence of quality improvement including clinical audit:

- The practice provided us with two audits completed in the last three years.
- Findings were used by the practice to improve services. For example, in March 2014 the practice had carried out an audit to indicate the number of their diabetic patients who had been provided with a 'diabetic passport' (a card patients could carry with them at all times which they could present to healthcare workers as a permanent record of their insulin regime together with their medications). The figure then was 32. A re-audit in 2015 indicated this had risen to 111.

Are services effective?

(for example, treatment is effective)

Effective staffing

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, nurses undertaking cervical smears underwent annual refresher training.
- Staff administering vaccines had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff records we reviewed contained an appraisal which had taken place within the last 12 months.
- Staff commented that until recently they had protected learning time and had been able to attend training at an external venue. Funding cuts had caused this programme to close but staff retained the hope that it would recommence in the future. They told us that they had access to a wide range of e-learning.
- Staff received training that included: safeguarding, fire safety awareness, basic life support, infection control, and information governance. Staff had access to and made use of e-learning training modules and in-house training.
- The practice provided undergraduate training for medical students and had recently been accredited to provide training for foundation year two doctors (a foundation doctor is a grade of medical practitioner undertaking the Foundation Programme – a two-year, general postgraduate medical training programme which forms the bridge between medical school and specialist/general practice training).

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. We saw referral letters were typed by the GPs then emailed by administrative staff who confirmed receipt. We reviewed six samples of care plans for patients with long term conditions and found them to be satisfactory, and in some cases good. We noted, however, that there was no effective safety net in place to ensure blood tests arranged by the nurse practitioner were followed up.
- We found that the practice shared relevant information with other services in a timely way, for example when referring patients to other services. Staff commented that there were often long waiting lists for some community based services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Information was shared between services, with patients' consent, using a shared care record. Meetings took place with other health care professionals on a regular basis when care plans were routinely reviewed and updated for patients with complex needs.

The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances. Quarterly palliative care meetings were held.

Consent to care and treatment

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

- GPs interviewed 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.

Are services effective?

(for example, treatment is effective)

- 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.
- Staff told us that they had consent forms, which would be used in the event of minor surgery; but in general staff felt consent was implicit if a patient had voluntarily come to the practice for treatment.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to relevant services. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet or smoking.

Public Health England Cancer Data (2015/16) showed that the practice performance was mixed in comparison to the national average. For example:

- Females, aged 25-64, attending cervical screening within the target period (3.5 or 5.5 year coverage, %) was 71%, compared to the national average of 73%.
- Females aged 50-70, who were screened for breast cancer in last 36 months (3 year coverage, %) was 75% compared to the national average of 72%.
- Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %) was 51% compared to the national average of 58%.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

During our inspection we observed that 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.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patients could be treated by a clinician of the same sex.

We received 14 comment cards, eight of which were all positive about the standard of care received. Patients commented that they felt listened to, felt staff treated them with dignity and respect and they provided a friendly and efficient service. Six patients left cards that were less positive, with the main concern being difficulties in getting appointments.

We spoke with four patients during the inspection. All four patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. We also spoke with the chair of the patient participation group who commented that the practice was supportive of the group, provided regular feedback and proactively used patient comments to improve services.

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

- 90% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 86% and the national average of 89%.
- 86% of patients said the GP gave them enough time compared to the CCG average of 82% and the national average of 87%.
- 96% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and the national average of 95%

- 80% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 81% and the national average of 85%.
- 86% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average of 86% and the national average of 91%.
- 88% of patients said the nurse gave them enough time compared with the CCG average of 87% and the national average of 92%.
- 98% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 95% and the national average of 97%.
- 85% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 85% and the national average of 91%.
- 92% of patients said they found the receptionists at the practice helpful compared with the CCG average of 87% and the national average of 87%.

The views of external stakeholders were positive and in line with our findings. The practice provided GP cover to a local children's hospice. They told us they were more than happy with the service provided. They commented that the GPs were receptive, open to feedback and where appropriate sought guidance from the specialist hospital based child palliative care teams.

Care planning and involvement in decisions about care and treatment

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

Results from the national GP patient survey regarding patients' involvement in planning and making decisions about their care and treatment were mixed. Patients responded positively to questions about the GPs but less so about the nurses. For example:

- 84% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 83% and the national average of 86%.

Are services caring?

- 81% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 78% and the national average of 82%.
- 84% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 86% and the national average of 90%.
- 76% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 80% and the national average of 85%.

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

- Staff told us that interpretation 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. Patients were also told about multi-lingual staff who might be able to support them.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. We observed information relating to, for example, cancer services; memory clinics; bereavement and local parent support groups.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 193 patients as carers (1.8% of the practice list). Carers were offered a leaflet detailing support groups. Carers were offered annual health checks and flu jabs.

Staff told us that if families had experienced 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

At our previous inspection on 19 May 2016, we rated the practice as requires improvement for providing responsive services as we found that:

- The practice did not respond to complaints in line with current legislation. Learning from complaints was shared with clinical staff but there was no documented evidence that they were also shared with non-clinical staff.
- Five out of 10 patients we spoke with said they had experienced difficulties getting appointments.

These arrangements had improved when we undertook a second inspection on 17 May 2017. The practice is now rated as good for providing responsive services.

Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population:

- The practice offered extended hours at the branch site on a Tuesday and Thursday evening until 8.00pm and on Thursday mornings from 7.00am, for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice registered people in vulnerable circumstances, such as the homeless.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately.
- There were accessible facilities at both sites, which included a hearing loop, and interpretation services available.
- Other reasonable adjustments were made and action was taken to remove barriers when patients find it hard to use or access services.

Access to the service

The main practice was open from 8.00am to 6.30pm Monday to Friday. The Well Hall Road branch site was open from 8.00am to 6.30pm on Monday, Wednesday and Friday; from 8.00am to 8.00 pm on Tuesdays and from 7.00am to 8.00 pm on Thursdays. This site was closed from 12.00pm to 1.00pm each weekday. Both sites were closed on bank holidays and weekends. Appointments with GPs and nurses were available at various times between 8.00am and 8.00pm Monday to Friday. We were told that appointments could be booked up to two weeks in advance, although there were occasions when all appointments had been booked so patients had to wait in excess of three weeks. At the time of the inspection there was a seven day wait to see a nurse. There was a doctor on duty each day the practice was open, and they would triage patients who phoned in asking for emergency appointments. Patients could also leave a message for a specific GP and receive a call back that same day. On the day appointments were available for children, whilst 48 hour appointments were also available. Appointments could be booked in person, by phone or online.

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

- 75% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 73% and the national average of 76%.
- 72% of patients said they could get through easily to the practice by phone compared to the CCG average of 74% and the national average of 73%.
- 80% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 79% and the national average of 85%.
- 92% of patients said their last appointment was convenient compared with the CCG average of 89% and the national average of 92%.
- 73% of patients described their experience of making an appointment as good compared with the CCG average of 70% and the national average of 73%.
- 53% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 50% and the national average of 58%.

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

Are services responsive to people's needs?

(for example, to feedback?)

However, six out of 14 CQC comment cards we received at the inspection reflected concerns about the practice's appointment system. The practice told us they had installed a new telephone system just two years previously, which allowed up to 30 calls to be accepted across four lines. Whilst this could, potentially, mean patients could be held in a long queue, practice staff stated that they had asked for feedback and patients preferred to be held in a queue rather than not get through at all.

The practice had a system to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had reviewed its system for handling complaints and concerns. It had introduced a template letter so that a prompt acknowledgement to a complaint could be made, and complaint forms were now being dated.

- One of the GPs was the lead for dealing with complaints, assisted by a complaints administrator.
- We saw that information was available to help patients understand the complaints system. Leaflets were available in the reception areas.
- Feedback boxes were placed on each reception counter.

We noted that the practice only accepted written complaints, and had received nine in the past 12 months. Some of these related to the time patients were kept waiting after arriving for their appointment. There was no evidence from discussions in meetings that staff appreciated the patient's position if they were kept waiting for a length of time. In other examples, however, we saw that lessons were learned from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, following patient complaints that prescriptions were taking more than 48 hours to process, the practice started to date stamp them on receipt so that they could monitor this.

Patients were provided with a written response within appropriate timescales. None of the responses contained details of the ombudsman or other steps a complainant could take if they were dissatisfied with the practice response. The complaints leaflet did refer to the ombudsman.

Are services well-led?

Good 

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

Our findings

At our previous inspection on 19 May 2016, we rated the practice as requires improvement for providing well led services as we found that:

- Arrangements to monitor and improve quality and identify risk were not robust enough in all areas.
- There was a documented leadership structure and all staff felt supported by management. However, some of the practice's processes had not been managed effectively.
- There was no evidence that recently recruited staff had received inductions. Appraisals for some staff were overdue but planned to be received shortly after the inspection.

These arrangements had improved when we undertook a second inspection on 17 May 2017. The practice is now rated as good for providing well led services.

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. Staff commented that the culture of the practice was open, inclusive, engaging and focused on providing the best service they could.

- The practice had a clear strategy and supporting business plans which reflected the vision and values and were regularly monitored.

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 and ensured that:

- There was a clear staffing structure and staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly. If changes were made to key policies and/or procedures then management could set up an electronic reading requirement so that staff had to indicate when they had read them.

- A comprehensive understanding of the performance of the practice was maintained. Practice meetings were held monthly which provided an opportunity for staff to learn about the performance of the practice.
- A limited programme of clinical and internal audit was used to monitor quality and to make improvements. Quarterly clinical meetings audits were held.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints.
- Used best practice guidance, including that from NICE, SEA, complaints analysis and alerts.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. From the four documented samples we reviewed we found that the practice had systems to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal or written apology.

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

- The practice held and minuted a range of multi-disciplinary meetings including meetings with the palliative care team to monitor vulnerable patients.
- Staff told us the practice held regular team meetings and we saw minutes to confirm this.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any

Are services well-led?

Good 

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

issues at team meetings and felt confident and supported in doing so. Minutes were comprehensive and were available for practice staff to view. Staff told us that they were not all able to attend every team meeting, but senior staff ensured that meeting minutes were shared almost immediately so all staff were aware of the most recent discussions.

- 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. Staff were encouraged to develop their skills and take on specific roles. For example the long term conditions coordinator had progressed from a receptionist role.

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

The practice encouraged and valued feedback from patients and staff. It proactively sought feedback from:

- patients through the patient participation group (PPG) and through surveys and complaints received. The PPG

met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, improvements had been made to the telephone system and the appointment system reviewed as a result of feedback.

- the NHS Friends and Family test, complaints and compliments received.
- 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 focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of schemes to improve outcomes for patients in the area. For example, they were participating in the 'Year of Care' scheme which was aimed at encouraging patients to become more involved in their care.