

Grovelands 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 Grovelands Medical Centre on 2 June 2016. Overall the practice is rated as good.

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

- The practice had completed pre-employment checks for all but one employee.
- The vaccines fridge temperature recording showed that the fridge was going above the upper limit (eight degrees Celsius) for storage of vaccines. On raising this with the practice it took immediate steps to rectify the issue. An engineer attended the following day and confirmed that it was a new fridge and the temperature reading had not been properly calibrated. On setting the fridge correctly it showed that it was staying in the correct range (2-8 degrees C).
- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.

- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a GP and there was continuity of care, with urgent appointments available the same day.
- 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.

Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider must make improvement are:

- Ensure the procedure for all staff recruitment includes undertaking all relevant pre-employment checks as specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The areas where the provider should make improvement are:

- To revise the practice business continuity plan to ensure it includes all relevant contact details.
- To consider installing a hearing loop to support patients with impaired hearing.
- To consider how to improve access to the Grovelands Road surgery for the benefit of disabled patients and to provide disabled facilities within the surgery.

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 requires improvement for providing safe services, as there are areas where improvements should be made.

Requires improvement



- The practice had not completed all pre-employment checks for one member of the clinical staff.
- The practice did not have defibrillators or oxygen, to assist with a patient emergency, at any of the three branches. Following our inspection the practice ordered and obtained defibrillators and oxygen for all three locations.
- The vaccines fridge at Grovelands Medical Centre was indicating temperatures above eight degrees C (the safe upper limit for vaccine storage). The practice immediately took the fridge out of use and disposed of the vaccines stored in it. The day after our inspection the fridge was inspected and found to be working correctly but that it had not been properly calibrated on installation.
- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and an apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.

Are services effective?

The practice is rated as good for providing effective services.

Good



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

Summary of findings

- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice comparable to others for care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The Grovelands Medical Centre had installed a wheelchair path to a side entrance, but the door into the practice was difficult to open and was not accessible to an unaccompanied wheelchair user. The practice was able to direct patients to one of its other surgeries that was wheelchair accessible.
- There was no hearing loop in reception for the benefit of patients with impaired hearing.
- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. The practice worked with the CCG to provide a clinic room for use by a privately funded organisation that provided services to NHS patients including blood pressure monitoring.
- Patients said they found it easy to make an appointment with a GP and there was continuity of care, with urgent appointments available the same day.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

Good



Summary of findings

- 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 a number of policies and procedures to govern activity and held regular governance meetings.
- There was an governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.

Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- When a family suffered bereavement the practice put an alert onto the patient record, sent a letter of condolence to the family and a GP phoned the family to offer their condolences and to direct them to support groups.

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 chronic disease management and patients at risk of hospital admission were identified as a priority.
- 79% of patients with diabetes, on the register, had a last HbA1c of 64 mmol/mol or less in the preceding 12 months compared to a local average of 74% and a national average of 78%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

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

- Four sample takers for the cervical screening programme had inadequate sample rates above the acceptable limit of 4%. The practice arranged for them to undergo update training and to be managed by the practice manager.
- 81% of women aged 25-64 had had a cervical screening test performed in the preceding five years compared to a local average of 81% and a national average of 82%.

Good



Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors.

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice offered extended hours clinics until 7.00pm five days a week to enable working patients to attend outside of working hours.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

Good



Summary of findings

- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

- 91% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in their record, in the preceding 12 months, compared to a national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published in January 2016 showed that the practice was performing in line with local and national averages. Three hundred and thirty-three survey forms were distributed and 116 were returned. This represented over 1% of the practice's patient list.

- 83% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 73% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 74% of patients described the overall experience of this GP practice as good compared to the national average of 85%.

- 67% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to a local average of 73% and the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 22 comment cards which were all positive about the standard of care received. Patients commented that they were treated well by staff and GPs, some said it was an excellent service.

We spoke with 12 patients during the inspection. All 12 patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. The practice participated in the NHS friends and family test (FFT) (FFT is an anonymised method of asking patients if they would recommend the practice to a friend or family member). Ninety-two percent of patients responding to the FFT said they would recommend the practice.

Areas for improvement

Action the service **MUST** take to improve

The area where the provider must make improvement is:

- Ensure the procedure for all staff recruitment includes undertaking all relevant pre-employment checks as specified in Schedule 3 of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Action the service **SHOULD** take to improve

The areas where the provider should make improvement are:

- To revise the practice business continuity plan to ensure it includes all relevant contact details.
- To consider installing a hearing loop to support patients with impaired hearing.
- To consider how to improve access to the Grovelands Road surgery for the benefit of disabled patients and to provide disabled facilities within the surgery.

Grovelands 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 Grovelands Medical Centre

Grovelands Medical Centre provides primary medical services in the London Borough of Enfield to approximately 9100 patients and is one of 49 member practices in the NHS Enfield Clinical Commissioning Group (CCG).

The practice population is in the fifth least deprived decile in England with more than the national average representation of working age people between 25 to 44 years of age. The practice population has a higher than average percentage of income deprivation affecting older people (practice 25%, CCG 22% and national 16%). The practice had surveyed the ethnicity of approximately 83% of the practice population and had determined that 63% of patients identified as having white ethnicity, 22% Asian, 10% black and 5% as having mixed or other ethnicity.

The practice operates from three converted residential properties:

Grovelands Medical Centre – 1 Grovelands Road, Palmers Green, London N13 4RJ

Patient facilities are on the ground and first floors. The ground floor is not accessible for unaccompanied wheelchair users. There are offices for administrative and management staff on the ground, first and second floors. All three floors are accessed via stairs.

Grenoble Medical Centre - 1 Grenoble Gardens, Palmers Green, London, N13 6JE

Patient facilities are on the ground and first floors. The ground floor is accessible for unaccompanied wheelchair users. There are offices for administrative and management staff on the ground and first floors. Both floors are accessed via stairs.

Natal Road Surgery - 7 Natal Road, New Southgate, London, N11 2HU

Patient facilities are on the ground and first floors. The ground floor is not accessible for unaccompanied wheelchair users. There are offices for administrative and management staff on the ground and first floors. Both floors are accessed via stairs.

The practice operates under a Personal Medical Services (PMS) contract (a contract between NHS England and general practices for delivering personal medical services. This contract allows the flexibility to offer local services within the contract) and provides a number of local and national enhanced services (enhanced services require an increased level of service provision above that which is normally required under the core GP contract). The enhanced services it provides are: alcohol reduction advice; childhood vaccination and immunisation scheme; extended hours access; facilitating timely diagnosis and support for people with dementia; improving patient online access; influenza and pneumococcal immunisations; learning disabilities; risk profiling and case management; rotavirus and shingles immunisation; and unplanned admissions.

The practice team comprises: one full-time male, one part-time male and two part-time female GP partners. There are also five part-time female, and two part-time male long-term locum GPs. The GPs work a total of 36

Detailed findings

sessions per week across the three locations. There are four part-time practice nurses. In addition, there is a full-time practice manager, two medical secretaries and ten receptionists.

The practice is open:

Grovelands Medical Centre is open between 8.00am and 7.00pm Monday to Wednesday, and from 8.00am to 6.30pm on Thursday and Fridays. Morning appointments are from 9.00am to 12.30pm Monday to Friday. Afternoon appointments are from 4.30pm to 6.30pm. Extended surgery hours are offered from 6.30pm until 7.00pm Monday to Friday.

Grenoble Medical Centre is open between 8.00am and 7.00pm Monday Tuesday and Friday, and from 8.00am to 6.30pm on Wednesday and Thursday. Morning appointments are from 9.00am to 12.30pm Monday to Friday. Afternoon appointments are from 4.30pm to 6.30pm. Extended surgery hours are offered from 6.30pm until 7.00pm Monday, Tuesday and Friday.

Natal Road Surgery is open between 8.00am and 1.00pm Monday to Friday. Appointments are from 9.00am to 12.30 Monday to Friday.

The practice does not open on the weekend. The practice has opted out of providing out of hours (OOH) services to their own patients between 6.30pm and 8.00am and directs patients to the OOH provider for NHS Enfield CCG.

Grovelands Medical Practice is registered as a partnership with the Care Quality Commission to provide the regulated activities of maternity and midwifery services; diagnostic and screening procedures; family planning; treatment of disease, and disorder or injury.

Grovelands Medical Centre was previously inspected by CQC on 12 June 2014 as part of our pilot scheme for our comprehensive inspection programme, at that time it was not rated.

Why we carried out this inspection

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

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as

part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal 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

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 2 June 2016. During our visit we:

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

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

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

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

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)

Detailed findings

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, a prescription was issued to a patient for an incorrect item. The practice investigated what had happened, apologised to the patient, and discussed the incident in a practice meeting. GPs and staff were reminded of the importance of checking the patients' name, address and date of birth before completing and signing a prescription.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements 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. The GPs attended

safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and nurses were trained to child protection or child safeguarding level 3, and non-clinical staff were trained to level 1.

- Notices in the consultation rooms 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 children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse 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 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 medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow 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 ten personnel files and found that not all of the appropriate recruitment checks had been undertaken prior to employment for one member of the

Are services safe?

clinical staff. The information missing included: application form, cv; proof of identification; references; qualifications; and registration with the appropriate professional body.

Monitoring risks to patients

Risks to patients were assessed and managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. 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 had a variety of other risk assessments in place 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).
- However, on the day of inspection the vaccines fridge at Grovelands Medical Centre was showing readings of between 15-17 degrees C, with one reading of 21 degrees C (the safe range for storage of vaccines is between two to eight degrees C). On raising this with the practice it agreed to safely dispose of the vaccines in the fridge, to suspend the administration of vaccines at that location and to have the fridge inspected. An inspection the following day found that the fridge, which was new, had not been properly calibrated on installation but was otherwise working correctly. The practice also provided guidance to staff members on how to read the fridge temperature.

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

Arrangements to deal with emergencies and major incidents

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

- The practice did not have a defibrillator available or a supply of oxygen with adult and children's masks, or suitable written risk assessments for either. A first aid kit and accident book were available. Immediately following our inspection the practice ordered defibrillators and oxygen and masks for all three practice locations. It later provided us with proof of delivery of the defibrillators and oxygen equipment.
- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- 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 comprehensive business continuity plan in place for major incidents such as power failure or building damage. However, the plan did not contain emergency contact numbers for staff to use.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 98% of the total number of points available CCG average 92%, national average 95%). The overall exception rate was 12% (CCG average 7%, national average 9%). 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. Within the following clinical domains, however, the percentage of exception reporting was significantly higher than the CCG and national averages:

- 50% of patients with atrial fibrillation were excepted compared to CCG average of 14% and the national average of 11%.
- 48% of patients with coronary heart disease were excepted compared to CCG average of 9% and the national average of 8%.
- 70% of patients with depression were excepted compared to the CCG average of 17% and the national average of 25%.
- 33% of patients with osteoporosis were excepted (CCG 5%, National 13%).

- 50% of patients with cardiovascular disease were excepted (CCG 19%, National 30%).

The practice provided us with evidence, from its own records, to show that there had been very limited exception reporting made within the above domains. The QOF end of year for the above information was 31 March 2015 and the practice showed us a report run on 24 March 2015 showing that for atrial fibrillation, coronary heart disease and depression there had been 0% exception reporting.

Data from 2014-15 showed:

- Performance for diabetes related indicators was better than the national average. For example, 100% of patients with diabetes, on the register, had had an influenza immunisation in the preceding 1 August to 31 March, compared to a national average of 94%.
 - Performance for mental health related indicators was better than the national average. For example, 96% of patients with schizophrenia, bipolar affective disorder and other psychoses had had their alcohol consumption recorded in the preceding 12 months, compared to a national average of 90%.

There was evidence of quality improvement including clinical audit.

- There had been two clinical audits completed in the last two years, both of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits.
- Findings of audits were used to improve services. For example, the practice had audited its prescribing, to patients aged over 65, of a particular antibiotic that had been linked to C. diff infections (Clostridium difficile, also known as C. diff, is a bacterium that can infect the bowel and cause diarrhoea. The infection most commonly affects people who have recently been treated with antibiotics). During the first audit cycle the practice found that 19 patients had been prescribed the antibiotic. It reviewed prescribing guidelines and discussed the audit in clinical meetings. The practice adopted the local CCG prescribing guidelines, identified other antibiotics it could prescribe, and added instructions to the locum pack. On re-running the audit the practice found that five patients had been

Are services effective?

(for example, treatment is effective)

prescribed the antibiotic. It continued to reflect on the outcome and had provided further education to the clinicians to re-inforce the need to avoid this antibiotic where possible.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines had received specific training which had included an assessment of competence. They 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, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. 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 and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.

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

Staff worked together and with other health and social care 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. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. 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, smoking and alcohol cessation and patients with diabetes. Patients were signposted to the relevant service.
- A dietician and smoking cessation advice were available from local support groups.

The practice's uptake for the cervical screening programme was 81%, which was comparable to the CCG average of 81% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme and they ensured a female sample taker was available. The practice also encouraged its patients to attend national

Are services effective?

(for example, treatment is effective)

screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

There were, however, four sample takers for the cervical screening programme who had recorded higher than acceptable inadequate samples (over 4%). For example, one practice nurse had taken 17 samples and had an inadequate rate of over 17%. On raising this with the practice it immediately agreed to book the sample takers onto an update course. It later provided us with evidence of the course bookings. In addition, the practice manager confirmed that she would manage the sample takers performance.

Childhood immunisation rates for the vaccines given were better than the CCG averages. For example, childhood immunisation rates for the vaccines given to under two year olds ranged from 12% to 93% (CCG average 10% to 60% and five year olds from 74% to 96% (CCG average 65% to 86%).

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

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

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

All 22 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with two members of the patient participation group (PPG). They also told us they were satisfied with 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.

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

- 84% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 85% and the national average of 89%.
- 79% of patients said the GP gave them enough time compared to the CCG average of 82% and the national average of 87%.
- 91% 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%.

- 75% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 93% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 90% of patients said they found the receptionists at the practice helpful compared to the CCG average of 85% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

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

- 79% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 82% and the national average of 86%.
- 71% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 77% and the national average of 82%.
- 85% 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 translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.

Are services caring?

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. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 279 patients as

carers (3% of the practice list). On registering carers are signposted to available information. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that when a family suffers a bereavement the practice puts an alert onto the patient record, sends a letter of condolence to the family and a GP phones the family to offer their condolences and to direct them to support groups.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- One of the patient toilets was accessible by disabled patients but it did not have an alarm cord.
- The practice did not have a hearing loop in reception for the benefit of patients with impaired hearing.
- The Grovelands Medical Centre had installed a wheelchair path to a side entrance, but it was on a slope and the door into the practice was difficult to open so would not have been accessible to an unaccompanied wheelchair user. Disabled access and facilities were available at the Grenoble Gardens location.
- The practice offered late clinics on Monday to Friday evening until 7.00pm, across two of the practice sites, for 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.
- 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.
- Translation services were available.
- The practice had, with CCG support, provided a clinical room for use by a privately funded service that provided services to NHS patients. The services included blood pressure monitoring and echocardiography (echocardiography is used in the diagnosis, management, and follow-up of patients with any suspected or known heart diseases).

Access to the service

The practice was open between:

Grovelands Medical Centre was open between 8.00am and 7.00pm Monday to Wednesday, and from 8.00am to 6.30pm

on Thursday and Fridays. Morning appointments were from 9.00am to 12.30 Monday to Friday. Afternoon appointments were from 4.30pm to 6.30pm. Extended surgery hours were offered from 6.30pm until 7.00pm Monday to Friday.

Grenoble Medical Centre was open between 8.00am and 7.00pm Monday Tuesday and Friday, and from 8.00am to 6.30pm on Wednesday and Thursday. Morning appointments were from 9.00am to 12.30 Monday to Friday. Afternoon appointments were from 4.30pm to 6.30pm. Extended surgery hours were offered from 6.30pm until 7.00pm Monday, Tuesday and Friday.

Natal Road Surgery was open between 8.00am and 1.00pm Monday to Friday. Appointments were from 9.00am to 12.30 Monday to Friday.

In addition to pre-bookable appointments that could be booked up to eight weeks in advance, urgent appointments were also available for people that needed them.

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

- 67% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and the national average of 78%.
- 83% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

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

The practice had a system in place to assess:

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

GPs determined the need for home visits by telephoning the patient or carer in advance to gather information to allow for an informed decision to be made on prioritisation according to clinical need. 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

Are services responsive to people's needs?

(for example, to feedback?)

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system including an information leaflet and information about how to make a complaint was on the practice website.

We looked at four complaints received in the last 12 months and found that these were satisfactorily handled, dealt with in a timely way, openness and transparency with dealing with the complaints. Lessons were learnt 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, a patient complained that a receptionist had been unhelpful. The practice reviewed the complaint and apologised to the patient. It implemented further customer service training for its reception staff.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement which was displayed on its website.
- The practice had a 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 in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A programme of clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

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 in place 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. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered 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, in order to recruit members to the PPG who were unable to attend meetings the practice was reviewing the viability of an online PPG.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. For example, staff had requested

Are services well-led?

Good 

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

improved lighting in the car park as it was not well-enough lit. The practice upgraded the lighting in the car park. Staff told us they felt involved and engaged to improve how the practice was run.

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 Treatment of disease, disorder or injury	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>How the regulation was not being met:</p> <p>The registered person did not ensure that all recruitment checks were undertaken for all staff as specified in Schedule 3 of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>This was in breach of regulation 19 (3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Fit and proper persons employed.</p>