

Dr Ericson Laudato

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 Dr Ericson Laudato on 10 March 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events. However, the practice recognised that clinical meetings needed to be minuted to provide documentary evidence of discussion of lessons learned and agreed decisions and action.
- Risks to patients who used services were assessed and managed. However, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. There were some deficiencies in the documentation regarding safeguarding training, and that relating to the practice's recruitment processes. Staff were trained fire marshals but no regular fire drills were undertaken.

There had been no recent testing of electrical equipment to ensure the equipment was safe to use. However, during the inspection the practice arranged for a portable appliance test (PAT) to take place in the week following the inspection.

- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted

Summary of findings

on. The practice had held discussions with patients about setting up a patient participation group (PPG). However, no PPG was in place at the time of the inspection.

- The provider complied with the requirements of the Duty of Candour.

The areas where the provider must make improvements are:

- Ensure there is documentary evidence of all training undertaken by the locum GP, including training in safeguarding children to the appropriate level in accordance with national guidance.
- Ensure patients are fully protected against the risks associated with the recruitment of staff; in particular in ensuring all appropriate pre-employment checks, including references, are documented in staff records.

In addition, the areas where the provider should make improvements are:

- Ensure clinical meetings are minuted to provide an audit trail of discussion and agreed decisions and actions.

- Consider placing details of external safeguarding contacts within the practice's safeguarding children policy.
- Ensure portable appliance testing arranged for immediately after the inspection is completed.
- Secure with the landlord of the premises the completion of planned works in the patient toilets and the implementation of action arising from the recent legionella risk assessment.
- Organise and document regular fire drills.
- Ensure arrangements for the completion of outstanding appraisals for administrative staff are concluded.
- Continue discussions with patients about setting up a patient participation group.
- Display information in the patient waiting area about the practice's vision and values.

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.

Requires improvement



- 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 a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe.
- Staff demonstrated they understood their responsibilities for safeguarding and we were told all had received safeguarding training. However, details confirming the training undertaken for one locum GP were not available at the time of the inspection.
- Emergency medicines were available, were in date and fit for use.
- There were recruitment policies and procedures in place including arrangements for pre-employment checks. However, we found no references on file for three members of staff and limited pre-employment documentation about one of the locum GPs.
- Risks to patients were assessed with the intention of managing and mitigating those risks. However, there were no regular fire drills and there had been no recent testing of electrical equipment.

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 average for some indicators and above average for others compared to the national average for 2014/15. However, more recent data at the practice showed the QOF performance had improved significantly in previously low performing areas.

Summary of findings

- 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. Current year appraisals were outstanding for administrative staff but arrangements were in hand for their completion.
- 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 higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, one of the GPs was a member of a triage team supporting the local central referral service. The practice referral rates had improved as a result and A&E attendance rates were the lowest within the CCG.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs. There was currently no website for the practice. However, arrangements were in hand for the introduction shortly, of on-line appointment booking and prescriptions.

Good



Summary of findings

- 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.

Are services well-led?

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

Good



- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients, underpinned by its statement of purpose which set out the aims and objectives of the service. Not all staff we spoke with were aware of the statement of purpose and there was no mission statement or practice vision on display for patients at the practice. However, it was clear that staff were committed to the practice ethos of putting patients first and they were at the heart of the service they provided.
- 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. These meetings were relatively informal and the practice recognised that they needed to be minuted to provide documentary evidence of discussion and agreed decisions and actions.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was not fully aware of the requirements of the Duty of Candour when we initially raised this but undertook to familiarise themselves with this immediately following the inspection. The partners nevertheless complied with these requirements and encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.
- The practice proactively sought feedback from staff and patients, which it acted on. The practice had held discussions with patients about setting up a patient participation group (PPG). However, no PPG had been established to date. The practice had nevertheless carried out patient surveys and took account of feedback from the national GP patient survey to make improvements to the practice. There was a strong focus on continuous learning and improvement at all levels.

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.
- 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.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- All patients an over age 75 receive a health check which is incorporated in their care plan to avoid unnecessary A&E admissions.
- Routine immunisations including shingles, pneumococcal and flu are promoted and offered to this population group.

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. The practice performance for some 2014/15 QOF indicators for long-term conditions was below average. Performance for diabetes related indicators was above the CCG but below the national average. However, more recent data showed significant improvements in performance, for example for chronic obstructive pulmonary disease (COPD) and cervical screening.
- Longer appointments and home visits were available when needed.
- 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.

Good



Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk. Immunisation rates were relatively high for all standard childhood immunisations.
- The practice's 2014/15 uptake for the cervical screening programme was 60%, which was below the national average of 82% but more recent data showed this had improved to 70%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice was flexible in offering to see acutely ill children, especially the under 5's.
- We saw positive examples of joint working with midwives and health visitors. Shared ante-natal care was provided with the hospital where mothers had chosen to have their baby. Post-natal care was provided in conjunction with health visitors, including 6-8 week baby checks.
- Chlamydia screening was promoted to teenagers and young adults.

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 ran an open (walk-in) surgery daily and the practice was shortly to offer online services including on-line appointment booking and prescription ordering. It also provided a full range of health promotion and screening that reflected the needs for this age group.

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 vulnerable adults and children, carers 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.

Good



Summary of findings

- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

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

- 78% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was comparable to the national average.
- Performance for other QOF mental health related indicators was slightly below national averages.
- 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 were published on January 2016. The results showed the practice was performing in line with local and national averages. Three hundred and ninety three survey forms were distributed and 97 were returned. This represented 4% of the practice's patient list.

- 95% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 91% 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%.
- 85% of patients described the overall experience of this GP practice as good compared to the national average of 85%.

- 79% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to 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 35 comment cards which were all positive about the standard of care received. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. The comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

Dr Ericson Laudato

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 and their support worker.

Background to Dr Ericson Laudato

Dr Ericson Laudato provides primary medical services through a General Medical Services (GMS) contract within the London Borough of Westminster. The practice is part of NHS Central London (Westminster) Clinical Commissioning Group and provides services from a single location at Mayfair Medical Centre to around 2,500 patients. The practice has lower than average numbers of patients in the 0-19 age groups. Twenty eight percent of the practice population are from a black and minority ethnic (BME) population.

At the time of our inspection, there were two GPs (both male) (0.9 whole time equivalent (WTE) and a regular locum GP (female) (0.1 WTE) employed at the practice. The practice also employed a part-time practice manager (0.5 WTE), a part-time practice nurse and regular locum nurse (0.5 WTE), a health care assistant (0.7 WTE) and three reception/administrative staff (2.6WTE).

The practice is open between: 8.30am and 5.00pm Monday and Friday; 8.30am and 7.00pm Tuesday and Thursday; and 8.30am to 12.00pm Wednesday. The practice runs an open (walk-in) surgery from 8.30am to 11.00am daily and provides booked appointments daily (except Wednesday) from 3.30pm to 5.00pm. Later evening surgeries are

offered up to 7.00pm on Tuesday and Thursday. In addition to pre-bookable appointments, urgent appointments were also available for people that needed them. The practice provides its own out of hours service. Patients are provided with the number to call to contact one of the GPs outside surgery hours. The GP provides telephone advice or arranges a home visit if needed.

The practice is a training practice and medical students work at the practice throughout their training.

The practice was inspected in October 2013 under CQC's previous inspection arrangements and met all five standards inspected.

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.

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 10 March 2016. During our visit we:

Detailed findings

- Spoke with a range of staff (a GP, the practice nurse, the healthcare assistant, a mental health practitioner, the practice manager, and two receptionists)) 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)
- 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, following a breakdown in the hospital referral processes when a patient referred by the practice did not receive a hospital appointment, the practice now kept a record of the faxed referral and followed this up with the hospital to ensure the referral had been received and an appointment arranged.

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. Staff had access to details of who to contact for further guidance if staff had concerns about a patient's welfare. However, the contact details were not included within the practice's safeguarding children policy. 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. However, details confirming the training undertaken for one locum GP were not available at the time of the inspection.

- 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 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 clinical 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.
- We reviewed six personnel files and found in most cases appropriate recruitment checks had been undertaken prior to employment for permanent staff. For example, proof of identification, references, qualifications, registration with the appropriate professional body and

Are services safe?

the appropriate checks through the Disclosure and Barring Service (DBS). However, we found no references on file for three members of staff and limited pre-employment documentation about one of the locum GPs.

Monitoring risks to patients

- Risks to patients were assessed with the intention of managing and mitigating those risks. 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 undergone a comprehensive health and safety risk assessment which also covered fire risks and control of substances hazardous to health. The risk assessment report had been reviewed in July 2015 and implementation action was ongoing. We noted that inspection panels were open in the two patient toilets as a result of continuing investigations of a water leak. The practice was in discussion with the premises landlord to resolve the issue as soon as possible to enable the panels to be replaced. We saw the correspondence about planned works in this respect. All staff were trained fire marshals and there was quarterly fire alarm testing and maintenance. However, there were no regular fire drills. There had been no recent testing of electrical equipment to ensure the equipment was safe to use. However, during the inspection the practice arranged for a portable appliance test (PAT) to take place in the week following the inspection. 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 and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). A legionella risk assessment was completed in February 2016 and implementation of the action plan was under discussion with the premises landlords.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a 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 adequate arrangements in place to respond to emergencies and major incidents.

- 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. Some recommended medicines were not included within the emergency kit but these were acquired by the practice on the day of the inspection.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice 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, and audits.

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 83% of the total number of points available.

Data from 2014/15 showed:

- Performance for diabetes related indicators was just below the national average: 82% compared to 89%.
- Performance for mental health related indicators was below the national average: 82% compared to 89%.

The following were identified by CQC prior to the inspection as 'large' or 'very large' variations for further enquiry:

- The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months: 71% compared to 88% nationally.
- The percentage of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding 5 years: 60% compared to 82% nationally.
- The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is within national target rates: 73% compared to 84% nationally.

- The percentage of patients with COPD who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months: 56% compared to 90% nationally.

We discussed this data with the practice and reviewed more recent QOF data held at the practice. The practice had recruited an additional administrative staff member specifically to support the GPs in monitoring and improving QOF performance. We noted the QOF performance had improved significantly in three of four areas highlighted above and work was ongoing to improve the performance related to hypertension.

There was evidence of quality improvement including clinical audit.

- The practice provided evidence of five clinical audits completed in the last two years; two of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review.
- Findings were used by the practice to improve services. For example as a result of a recent GP data quality audit, the practice had significantly improved its patient data quality score by 43%.

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 emergency procedures, 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 and taking samples for the cervical screening programme 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.

Are services effective?

(for example, treatment is effective)

- 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. Staff received regular appraisal, although at the time of the inspection those due for the last 12 months had yet to be completed for four administrative staff. We were told, however, that arrangements were in hand for these.
- 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 computer 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 regular basis as needed 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 those in at risk groups including vulnerable children and adults, patients with learning disabilities and mental health problems. Patients were signposted to the relevant service.
- Smoking cessation advice was available on the premises and the GPs and nurses provided dietary advice. Patients identified as obese were referred to local support services, including exercise on prescription.

The practice's uptake for the cervical screening programme was 70%, based on the most recent data held at the practice which was comparable to the national average of 74%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national 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. Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 58% to 80% and five year olds from 60% to 100%.

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 room to discuss their needs.

All of the 35 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. 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 above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 87% 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%.
- 87% of patients said the GP gave them enough time compared to the CCG average of 82% and the national average of 87%.
- 99% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 84% and the national average of 95%.
- 86% 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%.
- 92% 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 84% 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 responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with and in some cases above local and national averages. For example:

- 90% 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%.
- 81% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 84% of patients said the last nurse they saw was good at involving them in decisions about their care compared to 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. There were notices in the reception areas informing patients this service was available. However, staff told us these services were rarely needed as staff spoke several languages.

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.

The practice had identified patients as carers and had a register for this. Written information was available to direct carers to the various avenues of support available to them and the practice had collaborated with the CCG to raise awareness and support for them.

Staff told us that if families had suffered bereavement, their usual GP contacted them to offer condolences and

Are services caring?

support. If members of a bereaved family attended the practice the GPs took time to speak to them whether or not they had booked an appointment to discuss their needs and offer them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, one of the GPs was a member of a triage team supporting the local central referral service. The practice referral rates had improved as a result and A&E attendance rates were the lowest within the CCG. The use of avoidance of admission care plans at the practice also contributed to this.

- The practice offered a 'Commuter's Clinic' on a Tuesday and Thursday evening until 7.00pm 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.
- Same day appointments were available for children and those patients with medical problems that required same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities and translation services available.
- The practice was in discussion with the building landlords about plans to install a stair lift and an outside elevator to improve access for patients with impaired mobility to services provided at different levels within the practice premises. Funding would be sought for these plans if the landlords were in agreement to them. Currently patients with impaired mobility were seen on the ground floor. The installation of an electrically driven, adjustable couch in the main consulting room was also planned. The practice kept a register of vulnerable patients, for example, those with a learning disability, carers, and patients who had safeguarding issues. This year, the practice had given particular focus to carers and had collaborated with the CCG to raise awareness and support for them.

- The practice provided its own out of hours service. In the practice leaflet patients were provided with the number to call to contact one of the GPs outside surgery hours. The GP provided telephone advice or arranged a home visit if needed.

Access to the service

The practice was open between: 8.30am and 5.00pm Monday and Friday; 8.30am and 7.00pm Tuesday and Thursday; and 8.30am to 12.00pm Wednesday. The practice ran an open (walk-in) surgery from 8.30am to 11.00am daily and provided booked appointments daily (except Wednesday) from 3.30pm to 5.00pm. A later evening surgery was offered up to 7.00pm on Tuesday and Thursday. In addition to pre-bookable appointments, urgent appointments were also available for people that needed them.

There was currently no website for the practice. However, arrangements were in hand for the introduction of on-line appointment booking and prescriptions.

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

- 76% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 95% 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.

Patient requests for a home visit were referred by receptionists to a GP who telephoned the patient to discuss their needs and organise the visit if needed. 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 a notice and, summary leaflet available in the reception area.

The practice had received no formal complaints in the last 12 months. However, we looked at a previous complaint that had been referred to the Parliamentary Health Service

Ombudsman (PHSO). The practice had responded to the PHSO recommendations complaint and had submitted an action plan to the PHSO which had been accepted and the complaint concluded. Complaints and their outcomes were discussed with appropriate staff and with the practice team to communicate wider lessons learned. We saw meeting minutes where complaints were a standing agenda item, although as no complaints had been received in the last year there was no discussion of lessons learned and action taken to improve the quality of care. However, we noted from the outcome of the PHSO case that action included the completion of more detailed and accurate note taking.

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's statement of purpose, which set out the aims and objectives of the service, stated the practice was committed to providing the best possible quality service for its patients. Not all staff we spoke with were aware of the statement of purpose and there was no mission statement or practice vision on display for patients at the practice. However, it was clear that staff were committed to the practice ethos of putting patients first and they were at the heart of the service they provided.
- The practice did not have a mission statement on display at the time of the inspection. However, the practice submitted a newly developed statement shortly after the inspection, which included the practice's vision and values and an overarching statement of putting patients first.
- The practice had a clear strategy which reflected the vision and values and included planning to respond to external developments and the changing needs of patients to facilitate continuing improvement in service provision.

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 comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous 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.

- The governance arrangements included weekly clinical meetings which were relatively informal. The practice recognised that these meetings needed to be minuted to provide documentary evidence of discussion and agreed decisions and actions.

Leadership and culture

On the day of inspection the GPs 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, high quality and compassionate care. Staff told us the GPs were approachable and always took the time to listen to all members of staff.

The provider was not fully aware of the requirements of the 'Duty of Candour' when we initially raised this but undertook to familiarise themselves with this immediately following the inspection. The GPs nevertheless understood the general principles of this duty, complied with these requirements and encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.

- The practice gave affected people reasonable support, truthful information and a verbal and written 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 GPs and practice manager 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

Are services well-led?

Good 

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

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 surveys and complaints received. The practice had held discussions with patients about setting up a patient participation group (PPG). However, no PPG had been established to date. The practice had nevertheless carried out patient surveys and took account of feedback from the national GP patient survey to make improvements to the practice as a result. For example, in response to feedback about access to appointments the practice now provided extended hours up to 7.00pm, for routine bookable appointments to cater for those patients who either cannot attend the morning or the early afternoon clinics.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us

they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local schemes to improve outcomes for patients in the area. For example, the practice had signed up to provide out of hospital (OOH) services in mental health to complement what it was already providing through the local Improving Access to Psychological Therapies (IAPT) programme. It had also signed up for OOH services for diabetes care, anticoagulation, near patient monitoring for those who were taking immunomodulators (used for reducing inflammation), and case finding of at risk groups and care planning. In addition one of the GPs was seeking to initiate with the CCG an audit of hypertension in young adults.

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 Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The provider must ensure care and treatment is provided in a safe way for patients by ensuring there is documentary evidence of all training undertaken by staff, including training in safeguarding children to the appropriate level in accordance with national guidance.</p> <p>Regulation 12 (1), (2) (c)</p>
Regulated activity	Regulation
Diagnostic and screening procedures 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>People who use services were not fully protected against the risks associated with the recruitment of staff, in particular in ensuring all appropriate pre-employment checks are carried out and recorded prior to a staff member taking up post.</p> <p>Regulation 19 (1)(a), (2)(a), (3)(a)</p>