

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at 8.30am on 9 December 2015. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- 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. However, patients reported that they often had to wait a long time after their appointment time to be seen.

- The practice had reasonable facilities and was equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

The areas where the provider should make improvement are:

- Provide annual basic life support training for non-clinical staff.
- Display more prominently information in the waiting room including a chaperone notice, translation services, and support services.
- Provide nursing staff with training in conducting mental capacity assessments.
- Carry out clinical audit to demonstrate on-going quality improvement.

Summary of findings

- Put in place measures to address over running appointments as identified by patient feedback.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there are unintended or unexpected safety incidents, people received reasonable support, truthful information, an apology and 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 people safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data showed patient outcomes were comparable to other practices in the locality.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits had been carried out although there was no completed audit cycles to demonstrate quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of people's needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data showed that 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 was available however it was not in all cases predominantly displayed for patients to view.

Good



Summary of findings

- We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- It reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, it participated in local pilots including out of hospital services and whole systems integrated care for over 75s.
- 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 reasonable facilities and was equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff.

Good



Are services well-led?

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

- It had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care.
- 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 sought feedback from staff and patients, which it acted on. The patient participation group was active.

Good



Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- There was a primary care navigator based at the practice one day a week to provide social support to patients over 55 years of age and 85 patients were receiving support at the time of our inspection.

Good



People with long term conditions

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

- Nursing staff supported the GPs in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes was below the local / national average.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check that their health and medicines needs were being met. For those people 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.

- Immunisation rates were comparable to the local average 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.
- The practice's uptake for the cervical screening programme was 79.3%, which was above the CCG average.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Good



Summary of findings

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 provided online services as well as a full range of health promotion and screening that reflects 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 homeless people, and those with a learning disability. There were 32 patients on the homeless register and all had received health checks on registration.
- It offered longer appointments for people with a learning disability.
- The practice had carried out learning disability health checks for 16 of the 20 learning disability patients on the register.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- 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.

Good



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).

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There were 20 patients on the dementia register and eight had care plans / annual reviews.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

Good



Summary of findings

- It 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 people with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results published on 2 July 2015. The results showed the practice was performing in line with local and national averages. 439 survey forms were distributed and 107 were returned.

- 89.1% found it easy to get through to this surgery by phone compared to a CCG average of 85.3% and a national average of 73.3%.
- 96.7% found the receptionists at this surgery helpful (CCG average 85.8%, national average 86.8%).
- 88% were able to get an appointment to see or speak to someone the last time they tried (CCG average 86.9%, national average 85.2%).
- 88.7% said the last appointment they got was convenient (CCG average 90.8%, national average 91.8%).

- 85.1% described their experience of making an appointment as good (CCG average 79.5%, national average 73.3%).
- 35.4% usually waited 15 minutes or less after their appointment time to be seen (CCG average 65.1%, national average 64.8%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 19 comment cards which were all positive about the standard of care received. Patients said staff were caring, helpful and provided a personalised service.

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

Shirland Road Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and the team included a GP specialist advisor.

Background to Shirland Road Medical Centre

Shirland Road Medical Centre is situated at 321 Shirland Road, London, W9 3JJ. The practice provides NHS primary care services through a General Medical Services (GMS) contract to approximately 3,800 people living in the London Borough of Kensington and Chelsea. The practice is part of the NHS West London Clinical Commissioning Group (CCG).

The practice population is multicultural including English, Caribbean or Polish. The practice population is representative of most age groups with a higher than average number of patients between the age of 30 and 60 years. The practice area is rated in the second more deprived decile of the Index of Multiple Deprivation (IMD). People living in more deprived areas tend to have greater need for health services.

The practice is registered with the Care Quality Commission (CQC) to provide the regulated activities of diagnostic and screening procedures; treatment of disease; disorder or injury; maternity and midwifery services, surgical procedures and family planning.

The practice team consists of two full-time GP partners (one male, one female), three part-time practice nurses and a practice manager who is supported by a small team of reception / administration staff. The practice is open between 9.00am and 7.30pm Mondays and Fridays, 9.00am

and 6.30pm Tuesdays and Wednesdays and between 9.00am and 1.00pm Thursdays. Appointments are from 9.00am to 1.00pm every morning and 4.00pm to 6.00pm excluding Thursday afternoons. Extended hours surgeries are offered between 6.30pm to 7.30pm Mondays and Fridays. Patients are directed to the NHS 111 service to access out of hours care.

The services provided include: childhood and travel immunisations, smoking cessation advice, chronic disease management, family planning and contraception, flu vaccinations, phlebotomy, ear syringing, cervical screening and antenatal clinics.

We carried out an inspection of Shirland Road Medical Centre on 19 May 2014 as part of our pilot phase of new approach inspections and therefore the practice was not rated. At the inspection in May 2014 the practice was found to be in breach of five regulations of the Health and Social Care Act 2008 and was required to take the following action;

- Put systems in place to protect patients from the risks associated with the unsafe use and management of medicines.
- Ensure staff are appropriately supported in relation to their responsibilities.
- Put in place effective systems to protect patients against the risks associated with the prevention and spread of infection.
- Ensure effective procedures are in place to protect patients against the risks associated with unsafe recruitment of staff.
- Ensure effective procedures are in place to safeguard patients against the risk of abuse.

Detailed findings

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. The inspection was also carried to consider if all regulatory breaches identified in the May 2014 inspection had been addressed.

How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 9 December 2015. During our visit we:

- Spoke with a range of staff including a GP partner, a locum GP, two practice nurses, three non-clinical staff, the practice manager and spoke with six patients who used the service and a member of the patient participation group. We also spoke with a primary care navigator attached to the practice.
- Observed how people were being cared for and talked with carers and/or family members
- Reviewed the personal care or treatment records of patients.

- Reviewed 19 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 are provided for specific groups of people and what good care looks like for them. The population groups are:

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

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 also a recording form available on the practice's computer system.
- The practice carried out analyses of significant events.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, a nurse received a needle stick injury whilst was giving a demonstration to a patient on how to use a blood glucose monitoring machine. The incident was reported as a significant event and needle stick protocols followed. The incident was discussed in a staff meeting to ensure similar incidents did not reoccur.

When there were unintended or unexpected safety incidents, people receive reasonable support, truthful information, an apology and were told about any actions to improve processes to prevent the same thing happening again.

Overview of safety systems and processes

When we inspected the practice in May 2014 we found shortfalls in the systems and processes in place to keep patients safe. Staff had a limited knowledge of safeguarding vulnerable adults, controlled drugs were not managed safely, infection control procedures were not effective and recruitment checks were not in place for all staff.

At this inspection we found the practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. Staff demonstrated they

understood their responsibilities and all had received training relevant to their role. GPs and nurses were trained to Safeguarding level 3 and non-clinical staff to level 2.

- Notices in the consultation rooms advised patients that staff would act as chaperones, if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring check (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 nurses shared responsibility for infection control. There was an infection control protocol in place and staff had received up to date training. Biannual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We reviewed seven personnel files and found that appropriate recruitment checks had been undertaken prior to employment including checks for locum staff. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the staff room. The practice had up to date fire risk

Are services safe?

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 also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health, general health and safety and legionella.

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

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- Clinical staff received annual basic life support training and non-clinical staff every 18 months. 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. There was also a first aid kit and accident book 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 fit for use.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line 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 peoples' needs.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality 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 83.7% of the total number of points available, with 3.5% exception reporting. The performance was 4.8% below the CCG average and 9.8% below the national average. Clinical exception reporting was 6% below the CCG average and 5.7% below the national average. Data from 2014/15 showed;

- Performance for diabetes related indicators was 59.3% (CCG average 79.8%, national average 89.2%).
- The percentage of patients with hypertension related indicators was 100% (CCG average 93.5%, national average 97.8%).
- Performance for mental health related indicators was 88.5% (CCG average 85.3%, national average 92.8%).
- The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months was 70.6% (CCG average 79.6%, national average 84%).

The practice were aware of the areas where QOF performance was below average and reasoned that patients declined to attend despite three invites, and in these instances the practice did not always exception report.

There was limited evidence of clinical audit that demonstrated quality improvement;

- We saw evidence of three clinical audits carried out in the last two years, however none of these were completed audits cycles that showed improvement in patient outcomes.
- The practice participated in local benchmarking through commissioning learning sets, buddy meetings and network learning forums. For example, accident and emergency attendances had been discussed at CCG commissioning learning sets and two years comparative data showed the practice was performing well in this respect despite a high level of deprivation in the patient population. Data also showed antibiotic prescribing was below average and the practice had achieved the referral targets set by the CCG.
- Evidence also showed that the practice was performing well above the CCG average for glucose monitoring.
- The practice was auditing for inadequate cervical smears on a regular basis.

Effective staffing

When we inspected the practice in May 2014 we found shortfalls in the training staff had received.

During this inspection we found staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for newly appointed non-clinical members of staff that 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 e.g. for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. All staff had had an appraisal within the last 12 months and the GPs were up to date with the revalidation requirements of the General Medical Council (GMC).

Are services effective?

(for example, treatment is effective)

- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring people to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and were attended by heart failure nurse, community matron, pharmacist, social worker, palliative care nurse and primary care navigator.

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, GPs 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 assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment. However, we found nursing staff required further training in carrying out mental capacity assessments.

Health promotion and prevention

The practice identified patients who may be in need of extra support.

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then managed by the practice or signposted to the relevant service.
- The practice nurses offered dietary and smoking cessation advice. The practice had identified 397 patients in need of dietary advice and as well as nursing staff providing in house support, 65 patients had been referred to the community dietician for more specialist advice. Data showed that 83.2% of identified smokers had been offered smoking cessation advice.

The practice had a failsafe system for ensuring results were received for every sample sent as part of the cervical screening programme. The practice's uptake for the cervical screening programme was 79.3%, which was above the CCG average of 75.2% and below the national average of 81.8%. 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.

The practice had reached the CCG childhood immunisation target of 90% in the previous three months for under two year olds however they were below the CCG target for five year old boosters achieving only 70%. Current flu vaccination rates for at risk groups were 70% for patients with COPD, 66% for those with diabetes and 63% for stroke. Seasonal flu vaccinations for over 65's was 75%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. The practice had completed 83% of those eligible for a new patient health check and 16% of those eligible for NHS health checks. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed that members of staff were courteous and very helpful to patients and treated people 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 and that 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.

Most of the 19 patient CQC 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. However three comment cards highlighted that appointments often ran over the scheduled time.

We also spoke with one member of the patient participation group. 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 above average for its satisfaction scores on consultations with doctors and nurses. For example:

- 92.4% said the GP was good at listening to them compared to the CCG average of 88.8% and national average of 88.6%.
- 94.5% said the GP gave them enough time (CCG average 85.4%, national average 86.6%).
- 95.3% said they had confidence and trust in the last GP they saw (CCG average 95%, national average 95.2%)

- 85.1% said the last GP they spoke to was good at treating them with care and concern (CCG average 85.9%, national average 85.1%).
- 91.3% said the last nurse they spoke to was good at treating them with care and concern (CCG average 86.6%, national average 90.4%).
- 96.7% said they found the receptionists at the practice helpful (CCG average 85.8%, national average 86.8%)

Care planning and involvement in decisions about care and treatment

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

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

- 86.5% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86.1% and national average of 86%.
- 84% said the last GP they saw was good at involving them in decisions about their care (CCG average 80.8% , national average 81.4%)
- 90.8% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 83.3% and national average of 89.6%.
- 82.7% said the last nurse they saw was good at involving them in decisions about their care (CCG average 79%, national average 84.8%).

Staff told us that translation services were available for patients who did not have English as a first language and staff spoke a range of languages including Spanish and Polish. However notices were not displayed in the reception areas informing patients this service was available.

Patient and carer support to cope emotionally with care and treatment

Are services caring?

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had a register of carers and there were 22 carers on the register. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them. This call was followed by a patient consultation and a referral to bereavement counselling made if appropriate.

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, it participated in local pilots including out of hospital services and whole systems integrated care for over 75s.

- The practice offered extended hours on a Monday and Friday evening from 6.30pm to 7.30pm for working patients who could not attend during normal opening hours.
- Patients were given 15 minute slots for routine appointments and there were longer appointments available for people with a learning disability and those with complex needs.
- Home visits were available for older patients / patients who would benefit from these.
- Online appointments / prescriptions and telephone consultations were available which were of particular benefit for housebound patients, those of working age and single parents.
- Same day appointments were available for children and those with serious medical conditions.
- Translation services were available and staff spoke a number of languages to communicate with patients whose first language was not English.
- There was a primary care navigator based at the practice one day a week to provide social support to patients over 55 years of age and 85 patients were receiving support at the time of our inspection.

Access to the service

The practice was open between 9.00am and 7.30pm Mondays and Fridays, 9.00am and 6.30pm Tuesdays and Wednesdays and between 9.00am and 1.00pm Thursdays. Appointments were from 9.00am to 1.00pm every morning and 4.00pm to 6.00pm daily excluding Thursday afternoons. Extended hours surgeries were offered between 6.30pm to 7.30pm Mondays and Fridays. In addition to pre-bookable appointments which could be made by phone, online or in person, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was generally above local and national averages. People told us on the day that they were able to get appointments when they needed them. However the survey results did show that patients usually waited a long time after their appointment time to be seen. This was also highlighted on three CQC comment cards we received and by two patients we interviewed at the inspection.

- 85.1% of patients were satisfied with the practice's opening hours compared to the CCG average of 79.1% and national average of 74.9%.
- 89.1% patients said they could get through easily to the surgery by phone (CCG average 85.3%, national average 73.3%).
- 85.1% patients described their experience of making an appointment as good (CCG average 79.5%, national average 73.3%).
- 35.4% patients said they usually waited 15 minutes or less after their appointment time (CCG average 65.1%, national average 64.8%).

Listening and learning from concerns and complaints

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

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

We looked at four complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way. The practice held annual complaints review meetings which were attended by all practice staff. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, one complaint received was from a patient who had to wait an unacceptable length of time to be seen by the doctor. The complaint was discussed and it was established that the day in question was extremely busy and another patient was sent in to the

Are services responsive to people's needs? (for example, to feedback?)

doctor before the complainant by mistake. The learning was that reception staff should ensure patients are informed that they may need to wait longer than usual during busy periods.

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 provide high quality, safe, professional health care services to their patients.

- The practice had a mission statement which was displayed in the waiting areas and at reception. Staff knew and understood the values.
- The practice had a business plan for the next twelve months which involved the recruitment of an additional GP, staff training and building improvements.

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.
- The practice did not have a programme of continuous clinical audit to monitor quality and this was highlighted by the practice as an area for improvement.
- There were effective arrangements for identifying, recording and managing risks, issues and implementing mitigating actions

Leadership, openness and transparency

The partners in the practice have the experience, capacity and capability to run the practice and ensure high quality care. They prioritise safe, high quality and compassionate care. The partners were visible in the practice and staff told us that they were approachable and always take the time to listen to all members of staff.

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable

safety incidents. When there were unexpected or unintended safety incidents the practice gives affected people reasonable support, truthful information and an apology.

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

- Staff told us that the practice held regular team meetings and the meeting minutes we reviewed confirmed this.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the practice manager and 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.

- It had gathered feedback from patients through the patient participation group (PPG) and through the NHS Friends and Family Test, the practice website, a suggestion box and complaints received. The PPG met on a regular basis, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, as a result of PPG feedback the practice had reviewed the patient waiting room noticeboard, carried out maintenance work on the practice and advertised the electronic prescribing service to patients.
- The practice had also gathered feedback from staff through appraisal and meetings. 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.

Are services well-led?

Good 

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

Continuous improvement

There was a focus on continuous learning and improvement within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area such as out of hospital services and whole systems integrated care for over 75s.