

The Farley Road Medical Practice

Quality Report

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Date of inspection visit: 18 January 2017
Date of publication: 16/03/2017

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 The Farley Road Medical Practice on 18 January 2017. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average. Rates of exception reporting were generally comparable to or below local and national averages, but there were a few indicators where the practice exceeded more patients than the local and national average. (Exception reporting is the removal of patients from

QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects.)

- Rates for some childhood immunisations for under two years old were a little below the national expectation of coverage (90%).
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a 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.
- The practice carried out clinical audits, but most of these were not repeated to check for improvement.

Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvement are:

- Monitor exception rates to determine if procedures are operating effectively to identify patients who need support and those who shouldn't be included in performance data.

- Monitor and consider ways to maintain and improve rates of childhood immunisation.
- Strengthen quality improvement, with more completed audits or other activities to check that improvement is made and sustained.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- 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.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average. Rates of exception reporting were generally comparable to or below local and national averages, but there were a few indicators where the practice exceeded more patients than the local and national average. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects.)
- Staff assessed needs and delivered care in line with current evidence based guidance.
- The practice carried out clinical audits, but most of these were not repeated to check for 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 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.

Good



- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.

Summary of findings

- 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.

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. The practice offered a phlebotomy and minor surgery services, to avoid patients the delay and inconvenience of hospital attendance.
- 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.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an 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.

Good



Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- 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.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Older patients had a named GP to support their care.

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.
- Performance for diabetes related indicators was comparable to the national average. For example, 77% of patients with diabetes, had their HbA1c (blood sugar over time) last measured at 64 mmol/mol or less, compared to the local average of 71% and the national average of 78%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.

Good



Summary of findings

- The practice's uptake for the cervical screening programme was 82%, which was comparable to the CCG average of 82% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

Good



People whose circumstances may make them vulnerable

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

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

Good



Summary of findings

- 94% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the national average.
- 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.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. Two hundred and forty-five survey forms were distributed and 120 were returned. This represented 1% of the practice's patient list. The results showed the practice was performing in line with local and national averages.

- 91% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 93% 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%.
- 97% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 94% 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 80%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received forty-eight comment cards, of which forty-six were all positive about the standard of care received.

We spoke with 12 patients during the inspection. All 12 patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

The practice sent patients a text message asking for feedback (on the friends and family test) after every appointment. In 2016, the practice received 202 responses, and 98% said that they would be likely to recommend the practice, the vast majority saying that this would be extremely likely.

The practice had also signed up for the online 'I want great care' patient feedback service. There were 192 responses, with an overall 'star' rating of five stars (out of five). The practice was sent a patient feedback award in 2016 from 'I want great care' for the number of positive responses it had received. Staff responded to every critical review individually, asking the patient to contact the practice to discuss the issues raised.

The Farley Road Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to The Farley Road Medical Practice

The Farley Road Medical Practice is situated in South Croydon. Croydon is one of the outer London boroughs on the border with Surrey. The practice is based in a converted house which has been developed to have level access for those with impaired mobility. There is also a branch practice, which is based in a converted flat. Patients can be seen at either practice.

The area is well served by public transport.

There are approximately 11,700 patients registered at the practice. Compared to the England average, the practice has fewer young children as patients (age up to 15) and more patients aged over 50, particularly aged 50 - 69.

Life expectancy of the patients at the practice is in line with CCG and national averages. The surgery is based in an area with a deprivation score of eight out of 10 (1 being the most deprived), and has lower levels of income deprivation affecting older people and children. Compared to the England average, fewer patients are unemployed.

Seven doctors work at the practice: three male and four female. Two of the doctors are partners and there are five salaried GPs (one male and four female). Some of the GPs work part-time. The working hours added together equate to 5.8 full time roles (whole time equivalents).

The (all female) nursing team is made up of an advanced nurse practitioner, four practice nurses, a health care assistant and two phlebotomists.

The practice delivers a range of GP services, including health checks, travel health, contraceptive coils and implants and minor surgery.

The main practice is open 8am to 6.30pm Monday to Friday. The branch surgery is open 9am to 5.30pm Monday to Thursday and 9am to 12pm on Friday.

Appointments with GPs are available from 9am to 11.30am and 3.30pm to 6pm Monday to Friday.

Extended hours appointments are available on alternate Tuesdays 6.30pm to 8pm, alternate Wednesdays 6.30pm to 8pm, Thursday and Friday 6.30pm to 7.30pm (telephone consultations only) and most Saturdays 8.30am to 10.30am.

When the practice is closed cover is provided by a local service that provides out-of-hours care.

The practice offers GP services under a Personal Medical Services contract in the Croydon Clinical Commissioning Group area. The practice is registered with the CQC to provide family planning, surgical procedures, diagnostic and screening procedures, treatment of disease, disorder or injury and maternity and midwifery services.

This is the first time that the CQC has inspected the practice.

Detailed findings

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 18 January 2017.

During our visit we:

- Spoke with a range of staff and spoke with patients who used the service.
- Observed how patients were being cared for and talked with family members.
- Reviewed a sample of the personal care or treatment records of patients.

- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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, after a hospital did not report the result of an x-ray to the practice and (when the practice chased) the delayed x-ray showed the patient had cancer; the practice reviewed their procedures and raised a local safety alert with the hospital.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their

responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and nurses were trained to child protection or child safeguarding level 3 and non-clinical staff to level 1.

- 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 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. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. She received mentorship and support from the medical staff for this extended role. The practice prescribing protocol did not define the role of the independent prescribing nurse. We raised this with the practice and were sent a revised version shortly after the inspection. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be

Are services safe?

individually identified before presentation for treatment.) Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription (PSD) direction from a prescriber. (PSDs are written instructions from a qualified and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis.)

- Most staff had been employed by the practice for a number of years. We reviewed two personnel files and found appropriate recruitment checks had been undertaken. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. All staff also received an occupational health assessment before starting work at the practice.

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 reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure it was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can

contaminate water systems in buildings). The practice routinely used risk assessed in decision-making, for example in deciding whether to keep a wheelchair in the light of issues with infection control and suitability for different patients.

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

Arrangements to deal with emergencies and major incidents

The practice had 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.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. There was a detailed plan for managing medical incidents.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice).

The most recent published results (2015/16) were 99% of the total number of points available, compared to the local average of 95% and the national average of 95%.

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

- Performance for diabetes related indicators was comparable to the national average.
- 77% of patients with diabetes, had their HbA1c (blood sugar over time) last measured at 64 mmol/mol or less, compared to the local average of 71% and the national average of 78%.
- 82% of patients with diabetes had well controlled blood pressure, compared to the local average of 78% and the national average of 78%.
- 76% of patients with diabetes had well controlled total cholesterol, compared to the local average of 76% and the national average of 80%.
- Performance for mental health related indicators was comparable to the national average.

- 93% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan, compared to the local average of 89% and the national average of 89%.
- 100% (60 patients, 9 excepted) of patients with schizophrenia, bipolar affective disorder and other psychoses had their alcohol consumption recorded, compared to the local average of 92% and the national average of 89%.
- 94% of patients diagnosed with dementia had a face-to-face review of their care, compared to the local average of 84% and the national average of 84%.

Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects. Rates of exception reporting were generally comparable to or below local and national averages, but there were a few indicators where the practice excepted more patients than the local and national average, for example the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record. The practice exception rate was 33% (20 out of 33 patients), compared to 8% local and 13% national averages. The practice were not aware that their exception reporting for some indicators was above average. We saw that the practice had processes in place to contact patients before excepting them from the QOF figures, and that the patients we looked at had been excepted appropriately.

There was evidence of quality improvement including clinical audit.

- There had been five clinical audits undertaken in the last two years, one of these was a completed audit where the improvements made were implemented and monitored. This was an audit of antibiotic prescribing against local and national guidelines. Prescriptions were checked on three separate days, with education events in between. On the first occasion, there were 38 antibiotic prescriptions, with 11 not necessary or otherwise out of line with guidelines. On the second day checked, there were 25 antibiotic prescriptions, with seven out of line with guidelines. On the third day checked, there were 26 antibiotic prescriptions, with four not according to guidelines.

Are services effective?

(for example, treatment is effective)

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, those reviewing patients with long-term conditions attended training courses to update their specialist knowledge of diabetes care.
- 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.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

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

Consent to care and treatment

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

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

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. Patients were signposted to the relevant service.

The practice's uptake for the cervical screening programme was 82%, which was comparable to the Clinical Commissioning Group (CCG) average of 82% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. 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

Are services effective?

(for example, treatment is effective)

women who were referred as a result of abnormal results. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Rates for some childhood immunisations for under two years old were a little below the national expectation of coverage (90%).

- 95% of children aged 1 completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib)
- 91% of children aged 2 had received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster)
- 90% (89.7%) of children aged 2 completed immunisation for measles, mumps and rubella (one dose of MMR)

- 88% of children aged 2 received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC).

Immunisation rates for the MMR vaccinations given to five year olds were 93% for the first dose (local average 91% and national average 94%), and 84% for the second dose (local average 73% and national average 88%).

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.

Forty-six of the 48 patient Care Quality Commission comment cards we received were completely positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with one member of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 88% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 87% and the national average of 89%.
- 87% of patients said the GP gave them enough time compared to the CCG average of 84% and the national average of 87%.
- 93% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and the national average of 95%.
- 90% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 83% and the national average of 85%.

- 98% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% and the national average of 91%.
- 97% of patients said they found the receptionists at the practice helpful compared to the CCG average of 87% 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 local and national averages. For example:

- 84% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and the national average of 86%.
- 84% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 79% and the national average of 82%.
- 89% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 84% and the national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

Patient and carer support to cope emotionally with care and treatment

Are services caring?

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 171 patients as carers (just under 2% of the practice list). Written information was available to direct carers to the various avenues of support available to them. The practice had a carers' support group, supported by a health care assistant.

The healthcare assistant contacted patients on the practice's carers register twice a year to check their needs, and sent them regular newsletters about services available from local carer support groups.

Staff told us that if families had suffered bereavement, their usual GP contacted them. The practice manager then sent a card with the practice contact details and information about support organisations. This was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service, as guided by the individual.

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. The practice offered a phlebotomy and minor surgery services, to avoid patients the delay and inconvenience of hospital attendance.

- The practice offered appointments on alternate Tuesdays 6.30pm to 8pm, alternate Wednesdays 6.30pm to 8pm, Thursday and Friday 6.30pm to 7.30pm and most Saturdays 8.30am to 10.30am to support patients who could not attend during normal opening hours.
- The practice provided a wide range of on-line access services including booking and cancelling appointments, requesting repeat prescriptions, viewing test results and other investigations, amending patient details online (such change of address etc.), sending messages to the surgery and being able to see their consultation information.
- The online services were actively promoted and the practice offered support for patients to learn how to use them. Approximately 46% (5269) of the practice's patients were registered to use the online services.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.
- There were longer appointments available for patients with a learning disability and for older patients.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice. The practice nurse and practice manager visited all housebound patients annually to provide influenza vaccinations. This was also used as an opportunity to check patients' overall welfare. Any health concerns were referred to the GPs for follow up, and referrals arranged to other community services.
- The practice had signed up to be a 'dementia friendly' practice and all staff had had training supported by the

Alzheimer's society. As a result of the training, changes had been made to support patients with dementia, for example the introduction of more daylight into the reception area.

- Practice staff told us that patients who needed to be accompanied by a carer with other commitments benefitted particularly from the appointments on Saturdays.
- The practice liaised with local voluntary groups to help older people get help with travel to the surgery, hot meals, gardening, taking pets for walks, legal forms and hairdressing.
- Same day appointments were available for children and those patients with medical problems that required same day consultation.
- One of the practice nurses specialised in child behavioural problems and bed wetting. The practice advertised this as a specialist service to patients. Four children were currently receiving support from the nurse, with 20 – 30 minute appointments approximately every three months, and we heard of the positive impact that the service had had on the childrens' family life and self-esteem.
- One of the GPs ran sessions in local schools, with examples of medical equipment, to explain the role of the GP and to talk about healthy lifestyles. The practice felt that this made it easier to treat young patients as they were more relaxed when attending for treatment.
- The practice is based in an area of weak mobile internet reception, and offered their patients free wireless internet access, particularly to help parents with entertaining young children in the waiting room.
- The practice had identified that, for their patient population, weight management was key to continued well-being, and had developed a weight management service. A health care assistant provided personalised support, including advice and education, and a weekly weigh-in. The service began in June 2016, with 20 patients. We looked at information about four of these patients, who had lost between two and three stone in weight each.

Access to the service

The main practice was open 8am to 6.30pm Monday to Friday. The branch surgery was open 9am to 5.30pm Monday to Thursday and 9am to 12pm on Friday.

Are services responsive to people's needs?

(for example, to feedback?)

Appointments with GPs were available from 9am to 11.30am and 3.30pm to 6pm Monday to Friday. Extended hours appointments were available on alternate Tuesdays 6.30pm to 8pm, alternate Wednesdays 6.30pm to 8pm, Thursday and Friday 6.30pm to 7.30pm and most Saturdays 8.30am to 10.30am.

Routine appointments could be booked up to four weeks in advance and urgent appointments were also available for people that needed them. The practice changed its appointment system to offer more 'book on the day' appointments, in response to patient feedback. Additional on the day appointments were offered at times of high demand, such as on Mondays and after a bank holiday.

Telephone consultations were available during the day, and during the evenings and Saturdays that the practice was open. Each GP had up to 15 telephone consultation slots per day, so that patients could speak to their choice of GP. There were three GPs on duty per day.

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

- 86% of patients were satisfied with the practice's opening hours compared to the local average of 76% and the national average of 76%.
- 91% of patients said they could get through easily to the practice by phone compared to the local average of 73% and the national average of 73%.

The practice commissioned an external company to run an annual survey. In 2016, 139 patients responded, and the results mirrored that of the national survey, with a high level of satisfaction with access and the service overall. For example, 97% of patients felt that they had good access to the practice, 98% felt that they received a good quality of care from GPs and 99% felt that they received a good quality of care from nurses.

The practice received 16 written compliments in the last 12 months.

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

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

Listening and learning from concerns and complaints

The practice had 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. There was a leaflet in reception and information on the practice website.

We looked at three of the four complaints received in the last 12 months and found that these were satisfactorily handled, in a timely way, with openness and transparency with dealing with the complaint. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken as a result to improve the quality of care.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had a mission statement. Several staff we spoke to told us “It’s about the patients” when explaining how the practice operated.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- Audit was used to monitor quality and to make improvements, but most the audits had not been completed by repeating them to check for improvement.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

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

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included

support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and 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. The practice also organised and supported staff in charity fundraising events.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through complaints and surveys. The practice commissioned its own annual survey, from an external company, and used text message to feedback (on the friends and family test) after every appointment. The practice had also signed up for the online ‘I want great care’ patient feedback service. Staff responded to every critical review individually, asking the patient to contact the practice to discuss the issues raised.
- The PPG met regularly and discussed potential improvements with the practice management team. For example, the PPG worked with the practice to plan the extended hours appointments.

Are services well-led?

Good 

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

- 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. The practice had developed and introduced new services for patients, such as the child behavioural problems and bed wetting clinic and focused weight management support.