

Fullwell Cross 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 Fullwell Cross Medical Centre on 14 December 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed. However, the practice procedure for checking that results were received for all cervical smears sent for testing was not always adhered to. The practice informed us following the inspection that immediate action had been taken to implement a weekly audit to check that the procedure in place was adhered to.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.

- Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Improvements were made to the quality of care as a result of complaints and concerns.
- Patient satisfaction rates with regards to appointments was comparable with local and national averages in most areas.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management.
- The practice proactively sought feedback from staff and patients which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

We saw one area of outstanding practice:

Summary of findings

- The practice had identified that their elderly patient population was higher than the local average and in response the practice had introduced the post of Care of the Elderly Health Care Assistant (HCA). This was a Monday to Friday service (30 hours per week) providing home visits for urgent and routine assessments for elderly and housebound patients and patients receiving palliative care. The HCA was contactable via mobile phone by both patients and staff and was supported in this role by the GP lead for older patients.

The areas where the provider should make improvements are:

- The provider should continue to monitor patient satisfaction in relation to GP appointments and take action to improve the patient experience where appropriate.
- The provider should continue to monitor adherence to the procedure used to confirm that results are received for all cervical smears sent for testing.

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 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 informed of actions taken to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices 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 that patient outcomes for most indicators were comparable to the local and national averages. The total QOF points achieved by the practice for 2015/16 was 94% compared to the clinical commissioning group (CCG) average of 92% and national average of 95%. The overall Clinical Exception Reporting rate of 14.6% was above the (CCG) average of 8% and national average of 9%.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- 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 as comparable to others for most 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 confidentiality of patient information.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Patient satisfaction rates with regards to appointments was comparable to local and national averages in most areas. There was continuity of care and urgent appointments were available the same day for patients who required them.
- The practice reviewed the needs of its patient population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- 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 appropriately 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 an overarching governance framework which supported the delivery of good quality care. This included arrangements to monitor and improve quality and identify risk.
- There was a clear leadership structure and staff felt supported by management.
- The practice had policies and procedures to govern activity and held regular governance meetings.
- 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 the reporting and investigation of incidents and information was shared with staff to ensure appropriate action was taken.

Good



Summary of findings

- The practice proactively sought feedback from staff and patients, which it acted on.
- The patient participation group was active and contributed to the development of the practice improvement programme.
- 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.

Good



- The practice had identified that the number of patients over 65 years was above the local average. In response, they had introduced the post of Care of the Elderly Health Care Assistant who offered a Monday to Friday service (30 hours per week) providing urgent and routine assessments in the home for patients over 65 years and housebound patients. Care plans were implemented with a focus on admission avoidance and referrals made to other services as required. A follow-up visit was carried out to ensure the Care Plan was working effectively. The HCA was contactable via mobile phone by both patients and staff and was supported in the role by the GP lead for older patients.
- The HCA maintained weekly contact with staff at the eight care homes and six residential homes in which the practice had patients.
- The practice was responsive to the needs of older people and offered home visits and urgent appointments for those with enhanced needs. Home visits were available for the administration of vaccinations and spirometry testing for the monitoring of chronic obstructive pulmonary disease (COPD).
- The lead GP for the management of care for older patients had undertaken additional training for this role.
- The practice offered proactive, personalised care to meet the needs of the older people in its population
- The Quality and Outcomes Framework (QOF) performance indicators for conditions found in older people were comparable to local and national averages.
- The practice were proactive in encouraging patient's uptake of the shingles and pneumonia vaccine.

People with long term conditions

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

Good



- GPs worked closely with the Practice Nurse and community specialist nurses in the management of patients with long-term conditions.
- Patients at risk of hospital admission were identified as a priority and care plans developed where appropriate.

Summary of findings

- The practice performance rate for the Quality and Outcomes Framework (QOF) diabetes related indicators was comparable to the local and national average.
- Longer appointments and home visits were available when needed.
- Patients had a named GP and a structured annual review to check that 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. These patients were discussed at the monthly multi-disciplinary team meetings.

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 who were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates were comparable with the local average for all standard childhood immunisations.
- The percentage of women aged 25 to 64 years who had received a cervical screening test in the preceding five years was comparable to the local and national averages.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with health visitors who attended safeguarding meetings and held a clinic at the surgery once a week.

Good



Working age people (including those recently retired and students)

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

- The needs of 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.
- Extended hours appointments were available at the surgery two evenings a week.
- The practice was proactive in offering online services. The number of patients registered for on-line services had increased from 400 in May 2016 to 2600 in December 2016 (90% of appointments were available to book on-line).

Good



Summary of findings

- A full range of health promotion and screening services were provided that reflected the needs for this age group.

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 and annual reviews for patients with a learning disability. For the current year (2016/17) 62% of patients on the learning disability register had received an annual review.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients 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.

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).

- 80% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the preceding 12 months. This was comparable to the local average of 80% and national average of 84%.
- 93% of patients diagnosed with a mental health disorder had a comprehensive agreed care plan documented in the preceding 12 months. This was comparable to the local average of 91% and national average of 89%.
- 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 informed patients experiencing poor mental health how to access various support groups and voluntary organisations.
- A counsellor provided a daily self-referral clinic at the surgery.

Good



Summary of findings

- 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. All patients with dementia had an alert on their records.

Summary of findings

What people who use the service say

The national GP patient survey results published in July 2016 showed the practice was performing below the local clinical commissioning group (CCG) and national averages in most areas. 256 survey forms were distributed and 113 were returned. This represented a response rate of 44% (0.9% of the practice's patient list).

- 36% of patients said they found it easy to get through to this practice by phone compared to the CCG average of 54% and national average of 73%.
- 50% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 65% and national average of 76%.
- 67% of patients described the overall experience of this GP practice as good compared to the CCG average of 73% and national average of 85%.
- 56% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 68% and national average of 79%.

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our visit. We received 27 comment cards which were all positive about the standard of care received. Two cards also included negative comments regarding difficulty booking

appointments, such as, difficulty getting through on the telephone and the waiting time for booking routine appointments. The practice had introduced telephone consultations and promoted the on-line appointment booking service in an attempt to address this issue and continued to monitor patient satisfaction in relation to this. Patients described the care received as excellent and commented that staff were friendly and patients were treated with courtesy and respect.

We spoke with 11 patients during the inspection. All patients said they were satisfied with the care they received and thought staff were approachable, committed and caring and all patients said they would recommend the practice to others. However, five patients also commented that they often had difficulty getting through to the practice by telephone and booking appointments.

There was an online questionnaire on the practice website for the Friends and Family Survey and a supply of questionnaires at the reception desk but the practice did not send out questionnaires to patients. Results of the Friends and Family survey from June to November 2016 showed that the majority of patients would recommend the practice to friends and family. Of the 86 responses 72 patients (84%) were likely to recommend the practice.

Areas for improvement

Action the service **SHOULD** take to improve

- The provider should continue to monitor patient satisfaction in relation to GP appointments and take action to improve the patient experience where appropriate.
- The provider should continue to monitor adherence to the procedure used to confirm that results are received for all cervical smears sent for testing.

Outstanding practice

We saw one area of outstanding practice:

- The practice had identified that their elderly patient population was higher than the local average and in response the practice had introduced the post of

Summary of findings

Care of the Elderly Health Care Assistant (HCA). This was a Monday to Friday service (30 hours per week) providing home visits for urgent and routine assessments for elderly and housebound patients and patients receiving palliative care.

Fullwell Cross Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead Inspector. The team included a GP Specialist Adviser and an Expert by Experience.

Background to Fullwell Cross Medical Centre

Fullwell Cross Medical Centre has been based in the current two-storey purpose-built premises since 1974. It is located at 1 Tomswood Hill, Ilford, Essex IG6 2HG, within a predominantly residential area of Barkingside in the London Borough of Redbridge.

The property includes 10 consulting/treatment rooms, a large reception and waiting area, administration offices and a large meeting room. All rooms used for patient care are based on the ground floor.

Redbridge Clinical Commissioning Group (CCG) are responsible for commissioning health services for the locality.

The practice is registered with the CQC as a Partnership. The senior partner has been with the practice for 30 years and the newest partner joined the practice 10 years ago.

The practice is registered to provide the regulated activities of family planning; maternity and midwifery services; treatment of disease, disorder and injury, surgical procedures and diagnostic and screening procedures.

Services are delivered under a Personal Medical Services (PMS) contract. (PMS contracts are local agreements between NHS England and a GP practice. They offer local flexibility compared to the nationally negotiated General

Medical Services (GMS) contracts by offering variation in the range of services which may be provided by the practice, the financial arrangements for those services and the provider structure).

The practice has 12729 registered patients with an age distribution similar to the national average. The surgery is based in an area with a deprivation score of 6 out of 10 (with 1 being the most deprived and 10 being the least deprived).

Fullwell Cross Medical Centre is a teaching and training practice providing placements for two GP Registrars per year and occasionally providing eight-week placements for medical students from Kings College London. (A GP Registrar is a qualified doctor training to become a GP).

Medical services are provided by four male and two female GP partners (5.25 wte) and two GP Registrars providing a total of 31 GP appointment sessions per week.

Nursing services are provided by one full-time Practice Nurse; one full-time Health Care Assistant (HCA) and one part-time Care of the Elderly HCA (0.8 wte).

Administrative services are provided by a Practice Manager (1.0 wte), an Assistant Practice Manager; administrative staff (3.4 wte) and six reception staff (4.28 wte).

The surgery reception is open between 8.15am and 6.30pm Monday to Friday. With extended hours provided on Monday and Tuesday until 8pm.

Telephone lines are open from 8.15am to 12.30pm and 2pm to 6.30pm Monday to Friday. During the lunchtime period of closure the answerphone message informs patients that the surgery is closed and will reopen at 2pm.

The surgery is closed at weekends.

Advance booked and urgent appointments are available with a GP from 8.30am to 12.50pm and 3pm to 7.50pm on

Detailed findings

Monday; from 9am to 1.30pm and 3pm to 7.50pm on Tuesday; from 8.30am to 12.30pm and 3pm to 6.20pm on Wednesday and from 8.30am to 12.50pm and 4pm to 6.20pm on Thursday and Friday.

A walk-in GP clinic is available daily from 9am to 10am and 11.30am to midday.

Minor Surgery appointments are provided between 1.30pm and 3.30pm on Friday.

Each day when there are no more GP appointments available the surgery add a telephone message informing patients of this and advising them that if the problem cannot wait until the following day they should call the Redbridge Late Access Hub service after 2pm to book an appointment that evening at one of the Access Hub sites. The service provides GP appointments in the evenings, weekends and bank holidays.

Appointments are available with the Practice Nurse from 9am to 12.30pm and 1.30pm to 5.15pm on Monday and Friday; from 9am to 12.40pm and 4pm to 7.45pm on Tuesday; from 8.30am to 12.20pm and 1.30pm to 5.45pm on Wednesday and from 9am to 2.10pm on Thursday.

Appointments are available with the Health Care Assistant from 8.30am to 12.10pm and 1.30pm to 7.40pm on Monday; from 8.30am to 12.10pm and 1.30pm to 5.50pm on Tuesday; from 8.30am to 12.10pm and 1.30pm to 6pm on Thursday and from 8.30am to midday and 4pm to 6pm on Friday.

When the surgery is closed urgent GP services are available via NHS 111.

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 14 December 2016.

During our visit we:

- Spoke with a range of staff including GP Partners, Practice Nurse, Practice Manager and reception/administrative staff.
- Spoke with representatives of the patient participation group (PPG) and patients who used the service.
- Observed how patients were being cared for and talked with carers and family members.
- Reviewed an anonymised sample of the treatment records of patients.
- Reviewed comment cards where patients 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

Detailed findings

- 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 (QOF) 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 for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was an incident recording form available on the practice computer system.
- The incident reporting procedure 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 or treatment patients were informed of the incident, received appropriate support and truthful information. A written apology was provided and the patient was informed of any actions taken to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of all significant events and an evaluation of the incident was usually informally discussed at daily lunchtime meetings attended by all staff. Learning was formally shared with staff at monthly practice meetings attended by the GP partners, Practice Manager and clinical and administration staff. Minutes of these meetings were shared with all staff. Sharing of learning and implementation of changes that required urgent action was disseminated immediately.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. New guidance and safety alerts were discussed at meetings and disseminated to staff by email. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, a patient's prescription was given to the incorrect pharmacist. An investigation into the incident identified that the practice issued prescriptions that were collected by 15 different pharmacists. This suggested that the risk of this incident happening again was high. A new procedure for collection of prescriptions by pharmacies was therefore introduced. The pharmacy representative is now required to name the individual patients for whom they are collecting prescriptions before they are released.

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.

- Arrangements were in place to help safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Safeguarding 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 both children and adults. The GPs attended safeguarding meetings when required and provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all staff had received training on safeguarding children and vulnerable adults relevant to their role. GPs and Nurses were trained to Child Safeguarding level 3 and all other staff to Child Safeguarding level 2.
- A notice in the waiting room advised patients that chaperones were available if required. All staff had received external training for the role of chaperone 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 and received support from the Practice Manager for this role. There was an infection control protocol in place and staff had received up to date training. An annual infection control audit was undertaken by both the provider and the property services team responsible for the maintenance of the property and monitoring of the cleaning contract.
- The practice arrangements for managing medicines, including emergency medicines and vaccines, kept patients safe. This included obtaining, prescribing, recording, handling, storing, security and disposal of medicines.
- Processes were in place for handling repeat prescriptions which included the review of high risk

Are services safe?

medicines. To ensure prescribing was in line with best practice guidelines the practice carried out regular medicines audits with the support of the local clinical commissioning group (CCG) pharmacy team.

- Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. A record was kept of batch numbers of blank prescriptions placed in printers.
- Patient Group Directions (PGDs) were used by the practice to allow nurses to administer some medicines in line with legislation. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment).
- Patient Specific Directions (PSDs) were used by the practice to allow Health Care Assistants to administer vaccines and medicines against a patient specific 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.)
- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. 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 for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with an advice poster in the reception office.
- The practice had up to date fire risk assessments and carried out fire drills every six months. Staff had received fire safety training including additional training for fire marshals.

- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health, infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- 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 for all staffing groups to ensure sufficient staff were on duty. GP, nursing and administrative staff provided annual leave cover for colleagues.

Arrangements to deal with emergencies and major incidents

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

- There was a panic alarm system in all consultation and treatment rooms which alerted staff to an emergency.
- All staff received annual basic life support training and staff administering injections had received anaphylaxis training.
- The practice had a defibrillator, oxygen with adult and children's masks and a pulse oximeter available on the premises.
- 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.
- A first aid kit and accident book were available in reception.
- The practice had a comprehensive business continuity plan for managing major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and a relocation address for the practice if required. Copies of the plan were also kept off-site with the partners and Practice Manager.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results used by the CQC (2015/16) showed that the practice achieved 94% of the total number of points available compared to a Clinical Commissioning Group (CCG) average of 92% and national average of 95%.

The practice clinical exception reporting rate was 15% which was higher than the CCG average of 8% and national average of 10%. (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). The practice were aware that their exception reporting rate was above the local and national average and were working towards reducing this.

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

- Performance for diabetes related indicators of 76% was comparable to the CCG average of 79% and national average of 89%.
- Performance for mental health related indicators of 100% was comparable to the CCG average of 92% and national average of 93%.

The practice participated in local audits, national benchmarking, accreditation and peer review. There was evidence that information about patients' outcomes and clinical audit was used to make quality improvements.

There had been 13 clinical audits completed in the last two years where the improvements made were implemented and monitored. For example, a two-cycle audit had been undertaken aimed at reducing the number of A & E admissions experienced by patients with chronic obstructive pulmonary disease (COPD).

Patients on the COPD register were identified and a review was undertaken to ensure they were receiving treatment in line with current guidelines. For example, patient's treatment was reviewed to ensure that:

- if suitable, they were under the care of the integrated care model service (ICM). A model of care that aimed to encourage better compliance to treatment.
- rescue packs had been issued. (These contained an instruction leaflet and a supply of standby medicines to commence if the patient's COPD got worse before they were able to see their GP).
- the pneumococcal (pneumonia) vaccine had been administered.
- they had been referred to the pulmonary rehabilitation service where appropriate.

A follow-up audit carried out 12 months later showed that, of the 111 patients on the register:

- the number of patients referred to the ICM service had increased by 175%
- the number of patients given Rescue Packs had increased by 7%
- the number of patients receiving the pneumococcal vaccination had increased by 56%
- the number of A&E admissions had decreased by 53%.

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 children and adults; infection prevention and control; fire safety; health and safety and confidentiality.

Are services effective?

(for example, treatment is effective)

- There was a Reception Handbook available in both hard copy and electronic format which included guidance on all topics relevant to reception staff.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, practice nurses reviewing patients with long-term conditions received appropriate training and updates for the disease areas they reviewed.
- 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 by access to on-line resources and through discussion and support from colleagues.
- 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 mandatory training that included children and adult safeguarding; fire safety awareness; basic life support; information governance; equality and diversity; infection control; manual handling and Mental Capacity Act where appropriate. Staff had access to e-learning training modules, in-house training and external training courses as required.

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 internal shared drive 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 two-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.
- Verbal consent was obtained when required and this was recorded in the patient's record. However, written consent was not obtained for any GP procedures. Written parental consent was obtained by the Practice Nurse prior to the administration of childhood immunisations and this was retained in the patient's record.

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 offered support by practice staff and signposted to the relevant support and advice services where appropriate.

The practice uptake rate for the cervical screening programme was 65%, which was comparable to the CCG average of 68% and the national average of 74%. The practice demonstrated how they encouraged uptake of the screening programme and they ensured a female sample taker was available. The practice wrote to patients who did not attend for their cervical screening test to remind them of its importance. There was a system in place to ensure results were received for samples sent for testing but the procedure was not always adhered to. However the

Are services effective?

(for example, treatment is effective)

practice informed us following the inspection that immediate action had been taken to implement a weekly audit to check that the procedure in place was adhered to. The sample taker monitored their inadequate sample rate, which was consistently low. The practice followed up women who were referred as a result of abnormal results.

The practice encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Immunisation rates for the vaccinations given to children were comparable to CCG and national averages. For example, rates for the vaccinations given to under two year olds ranged from 84% to 92% and for five year olds from 78% to 89%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40 to 74 years. Of the 2,902 patients in the current cohort for NHS Health checks, 2,318 patients had attended. This was 80% of the cohort. 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 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 and conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 27 Care Quality Commission comment cards we received from patients were positive about the care received. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

We spoke with two members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said they felt valued and listened to by the practice management.

We spoke with 11 patients during the inspection. All patients said they were satisfied with the care they received and thought the staff were approachable, committed and caring and all patients said they would recommend the practice to others.

Results from the most recently published national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was comparable to the clinical commissioning group (CCG) and national average for its satisfaction scores on consultations with GPs and nurses. For example:

- 79% of patients said the GP was good at listening to them compared to the CCG average of 85% and the national average of 89%.
- 78% of patients said the GP gave them enough time compared to the CCG average of 82% and the national average of 87%.

- 84% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 90% and the national average of 92%.
- 78% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 81% and the national average of 85%.
- 87% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 83% and the national average of 91%.
- 97% of patients said they had confidence and trust in the last nurse they saw compared to the CCG average of 94% and the national average of 97%.
- 76% of patients said they found the receptionists at the practice helpful compared to the CCG average of 78% 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.

Results from the national GP patient survey showed patients responses to questions about their involvement in planning and making decisions about their care and treatment was comparable to local clinical commissioning group (CCG) averages but below the national average. For example:

- 74% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 81% and the national average of 86%.
- 68% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 76% and the national average of 82%.
- 77% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 77% and the national average of 85%.

Are services caring?

The practice monitored and acted on the results of the GP patient survey and had highlighted the need for GPs to involve patients more in decisions about their care and treatment.

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

- Staff told us that interpreting services were available for patients who did not have English as a first language and that the service was frequently used. A notice was displayed in the reception area informing patients this service was available.
- Information leaflets were available in the waiting room on a variety of health related subjects.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area informing 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 identified 118 patients as carers (1% of the practice list). 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 would contact them and a letter was sent which included information on action they needed to take and leaflets on bereavement support services. A consultation at a flexible time and location to meet the family's needs was available if required.

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.

- The practice offered extended hours on a Monday and Tuesday evening between 6.30pm and 8pm for patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability and patients who requested them.
- Same day appointments were available for children and those patients with medical problems that require a same day consultation.
- The practice was proactive in offering online services. In response to suggestions from the patient participation group they actively promoted the on-line appointment booking service to patients to help relieve some of the pressure on the telephone system. As a result the number of patients registered for on-line services increased from 400 in May 2016 to 2600 in December 2016 (90% of appointments were available to book on-line).
- Patients were able to receive travel vaccinations available on the NHS as well as some that were only available privately. Patients were signposted to appropriate services for vaccinations not available at the surgery.
- Annual weekend flu vaccination clinics were held in October each year. This is a walk-in service carried out by GPs, nursing and HCA staff. One of the clinics held that year was combined with a fund-raising coffee morning. The practice vaccinated 850 patients over the weekend and raised over £1,000 for the charity.
- There were disabled facilities such as toilets accessible for patients in a wheelchair and a hearing loop available.
- Interpreting services were available for patients who required it. Patients were encouraged to use this service rather than using friends or family as interpreters. This service was used frequently by the practice.
- Home visits were available from the GP or Health Care Assistant (HCA) for older patients and patients who had clinical needs which resulted in difficulty attending the

practice. The practice had identified that their elderly patient population was above the local average and in response had introduced the post of Care of the Elderly Health Care Assistant (HCA). This service was available Monday to Friday (30 hours per week) providing home visits for urgent and routine assessments for elderly and housebound patients and patients receiving palliative care. The service had now been in operation for 12 months and the practice intended to undertake an evaluation of the impact that the service had on the A&E admission rate for this group of patients and to evaluate the general feedback from service users.

Access to the service

The surgery reception was open between 8.15am and 6.30pm Monday to Friday. With extended hours provided on Monday and Tuesday until 8pm.

Telephone lines were open from 8.15am to 12.30pm and 2pm to 6.30pm Monday to Friday. Between 12.30pm and 2pm the answerphone message informed patients that the surgery was closed and would reopen at 2pm.

In addition to GP appointments that could be booked up to four weeks in advance, urgent appointments were available on the same day for people who needed them.

Appointments were available with a GP from 8.30am to 12.50pm and 3pm to 7.50pm on Monday; from 9am to 1.30pm and 3pm to 7.50pm on Tuesday; from 8.30am to 12.30pm and 3pm to 6.20pm on Wednesday and from 8.30am to 12.50pm and 4pm to 6.20pm on Thursday and Friday.

Telephone appointments with the GP were available daily.

A walk-in GP clinic was available daily from 9am to 10am and 11.30am to midday.

Minor Surgery appointments were available between 1.30pm and 3.30pm on Fridays.

Appointments were available with the Practice Nurse from 9am to 12.30pm and 1.30pm to 5.15pm on Monday and Friday; from 9am to 12.40pm and 4pm to 7.45pm on Tuesday; from 8.30am to 12.20pm and 1.30pm to 5.45pm on Wednesday and from 9am to 2.10pm on Thursday.

Appointments were available with the Health Care Assistant from 8.30am to 12.10pm and 1.30pm to 7.40pm

Are services responsive to people's needs?

(for example, to feedback?)

on Monday; from 8.30am to 12.10pm and 1.30pm to 5.50pm on Tuesday; from 8.30am to 12.10pm and 1.30pm to 6pm on Thursday and from 8.30am to midday and 4pm to 6pm on Friday.

Appointments with a GP were also available at weekends and on bank holidays through the local GP Federation service.

When the surgery was closed urgent GP services were available via NHS 111.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to the local clinical commissioning group (CCG) and national averages in most areas.

- 70% of patients said they could get an appointment the last time they wanted to see a GP or nurse compared to the CCG average of 77% and national average of 85%.
- 64% of patients were satisfied with the practice's opening hours compared to the CCG average of 70% and national average of 76%.
- 36% of patients said they could get through easily to the practice by phone compared to the CCG average of 53% and national average of 73%.

Some patients told us on the day of the inspection that they sometimes found it difficult to get an appointment when they needed one although the problem had improved recently. Two of the 27 comment cards we received included comments regarding difficulties when booking appointments.

As patient satisfaction rates in response to questions regarding appointments were below the local and national average the practice had introduced telephone consultations to increase appointment capacity. However, this had a negative effect on patients ability to get through on the telephone. The practice was therefore looking into the possibility of an improved telephone system and were currently in communication the premises owners to negotiate arrangements for improvements to the telephone system. The practice were also actively promoting the on-line appointment booking service to patients to help relieve some of the pressure on the telephone system.

Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

The practice had a system in place to assess the urgency of the need for medical attention and whether a home visit was clinically necessary. The Care of the Elderly HCA provided a domiciliary service and was therefore able to carry out a home assessment if required. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP visit, alternative emergency care arrangements were made. There was guidance in reception to instruct staff on the immediate actions to take in the event of a suspected heart attack.

Listening and learning from concerns and complaints

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

- The practice 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. For example, a poster was displayed in the waiting area, information was included on the practice website and in the practice leaflet and a complaints information pack was available at reception for patients if requested.

We looked at 12 complaints received in the last 12 months and found that these were satisfactorily handled in a timely way and with openness and transparency. Lessons were learnt from individual concerns and complaints and also from analysis of trends. We saw evidence that the practice carried out a comprehensive analysis of complaints including comparison with previous year's trends. Action was taken as a result to improve the quality of the service provided. For example, following the review of complaints in 2014, it was noted that the majority of complaints related to appointments. In March 2015 following consultation with the patient participation group (PPG) a trial of a new telephone consultation system was introduced which increased appointment capacity by 600 appointments per month. The review of complaints from 2015/16, although showing a reduction in complaints in this area, was still higher for appointment related issues than any other area of complaints. Therefore, in 2016/17, in consultation with the PPG, the practice introduced a patient survey focused only on the appointment system. They were in the process

Are services responsive to people's needs?

(for example, to feedback?)

of distributing a large number of surveys in the hope of obtaining at least 800 responses (6% of the patient population). Following an analysis of the results action will be taken as appropriate.

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 robust strategy and supporting business plans which reflected their vision and values and were regularly monitored.

Governance arrangements

The practice had an overarching governance framework which outlined the structures and procedures in place to support the delivery of their strategy for the provision of good quality care.

- There was a clear staffing structure and staff were aware of their own roles and responsibilities and those of colleagues.
- Practice specific policies were implemented and were available to all staff via the practice shared drive. A Reception Handbook also included copies of all policies and procedures.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were 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 and always took the time to listen to members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support for staff on communicating with patients about notifiable safety incidents.

The partners encouraged a culture of openness and honesty. The practice had systems to ensure that when things went wrong with care and treatment the practice gave affected people reasonable support, truthful information and a verbal and written apology. The practice kept written records of verbal interactions as well as written correspondence.

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

- Staff told us the practice held monthly team meetings and we saw evidence to support this.
- 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 by the partners in the practice. All staff were involved in discussions about how to develop the practice and were encouraged to identify opportunities to improve the services delivered by the practice.
- The practice held informal meetings each lunchtime when lunch was provided by the partners. Staff on duty, including the partners, attended these meetings and the surgery telephone lines were closed from 12.30pm to 2pm to facilitate this.

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

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

The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received.

The PPG had been introduced three years ago and consisted of ten members who met on the first Monday of each month at 6.30pm. They told us that they felt the practice were keen to improve the services it provided and acted on the suggestions of the PPG. They assisted the practice with patient surveys and submitted proposals to the practice management team for improvements to services. Examples of changes that had been implemented by the practice following feedback from the PPG included

Are services well-led?

Good 

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

changes to the appointment system, regular updating of the noticeboards in the waiting area and the addition of information to the website such as an explanation of what a GP Registrar is.

The practice had gathered feedback from staff through staff meetings, annual staff appraisals and discussion at staff meetings.

Staff told us they felt involved and engaged in discussions regarding improvements in the practice and that they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.