

Old Coulsdon Medical Practice

Quality Report

2A Court Avenue
Coulsdon
Croydon CR5 1HF
Tel: 01737 558288
Website: <http://www.oldcoulsdonmedicalprac.co.uk>

Date of inspection visit: 26 May 2016
Date of publication: 04/07/2016

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

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	11

Detailed findings from this inspection

Our inspection team	12
Background to Old Coulsdon Medical Practice	12
Why we carried out this inspection	12
How we carried out this inspection	12
Detailed findings	14

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Old Coulsdon Medical Practice on 26 May 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.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.

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

We saw two areas of outstanding practice:

- The practice Patient Participation Group (PPG) regularly invited specialist speakers and provided educational events for patients on topics including dementia, cardiology, prostate cancer, breast cancer, arthritis and gastric reflux; about 30 to 80 patients attended these talks; these talks were followed by a question and answer session. Following these events the PPG obtained feedback from these patients and found that these educational events were very useful for patients as they provided exercise and lifestyle advice.
- The practice hosted a dementia carers support group through their Patient Participation Group (PPG) and had a held carers week. The practice also ran monthly carer support group afternoons. The PPG invited guest

Summary of findings

speakers during these support group meetings and provided talks and live demonstrations on topics such as manual handling, incontinence pads, eating and dressing.

There were areas of practice where the provider should make improvements:

- Ensure that the business continuity plan is up-to date.

- Ensure that all staff have annual basic life support training.
- Review the complaints procedure to ensure it contains all the relevant information for patients.
- Consider documenting discussions from staff meetings.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and 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.

Good



Are services effective?

The practice is rated as good for providing effective services.

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

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey showed patients rated the practice above average for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

Good



Summary of findings

- Information for patients about the services available was easy to understand and accessible. There was a wide range of information leaflets available for patients which provided information on health and wellbeing and local support information.
- 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.
- 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.
- Learning from complaints was shared with staff and other stakeholders; evidence showed the practice responded quickly to issues raised.
- The practice provided a phlebotomy service at the practice to encourage older patients who may have difficulty in getting to the hospital and to improve monitoring of patients with long term conditions.
- The practice provided minor surgical procedures including dermatological procedures, joint injections and coil fitting which reduced the need for referrals to hospital.

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 this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. 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 GP encouraged a culture of openness and honesty. The practice had systems in place for knowing about 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.
- The practice checked their list of house-bound patients every six months to ascertain if these patients had their problems and medicines reviewed.
- The practice ran an open surgery every day from 8am to 11:30am to enable patients to be seen on the same day; this enabled improved access for older people.
- The practice GPs provided care for a local warden assisted property and a local care home for highly dependent neurologically impaired patients supporting the needs of the residents.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The national Quality and Outcomes Framework (QOF) data showed that 77% of patients had well-controlled diabetes, indicated by specific blood test results, compared to the Clinical Commissioning Group (CCG) average of 72% and the national average of 78%. The number of patients who had received an annual review for diabetes was 94% which was above the CCG average of 86% and national average of 88%.
- The national Quality and Outcomes Framework (QOF) data showed that 78% of patients with asthma in the register had an annual review, compared to the CCG average of 75% and the national average of 75%.
- Longer appointments and home visits were available for people with complex long term conditions when needed.
- The practice provided a phlebotomy service, electrocardiography, spirometry and ambulatory blood pressure monitoring to improve monitoring of patients with long term conditions.

Good



Summary of findings

- All these patients had a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the GP worked with relevant health and care professionals to deliver a multidisciplinary package of care. The practice also had personalised care plans for these patients.
- The practice GPs had personal patient lists which facilitated continuity of care of these patients. The practice used a risk stratification tool that analysed medicine interactions and blood result anomalies on a weekly basis.
- The practice Patient Participation Group (PPG) regularly invited specialist speakers and provided educational events for patients on topics including dementia, cardiology, prostate cancer, breast cancer, arthritis and gastric reflux; about 30 to 80 patients attended these talks; these talks were followed by a question and answer session. Following these events the PPG obtained feedback from these patients and found that these educational events were very useful for patients as they provided exercise and lifestyle advice.

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 urgent care and Accident and Emergency (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.
- The practice's uptake for the cervical screening programme was 89%, which was above the Clinical Commissioning Group (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.
- The practice nurses ran daily minor illness clinics to manage patients with simple issues; the lead practice nurse was a nurse prescriber.

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).

Good



Summary of findings

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

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 extended annual reviews for patients with a learning disability; 76% (37 patients) of patients with learning disability had received a health check in the last year.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations. The practice hosted a dementia carers support group through their Patient Participation Group (PPG) and had a held carers week. The practice also ran monthly carer support group afternoons.
- The practice had a system in place to ensure appointments were monitored for patients who were unable to chase up appointments.
- 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

- The number of patients with dementia who had received annual reviews was 86% which was above the Clinical Commissioning Group (CCG) average of 85% and national average of 84%.
- 92% of patients with severe mental health conditions had a comprehensive agreed care plan in the last 12 months which was above the CCG average 85% and national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. The practice GPs provided care for a local home for patients with mental health issues.
- The practice carried out advance care planning for patients with dementia. The practice hosted a support group for patients with dementia and their carers.
- 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. The practice had also trained many non-clinical staff in care for the patients with dementia.
- The practice used books and online resources to educate patients with mental health problems.
- The practice also used local re-enablement services to reduce social isolation and to ensure that the patients remain stimulated.
- To enable improved access to cognitive and behavioural therapy the practice had arranged a training session for clinical staff from the local NHS psychological therapies service. This particularly helped patients with anxiety who were reluctant to travel to access this service.

Summary of findings

What people who use the service say

The national GP patient survey results were published on 7 January 2016. The results showed the practice was performing above the local and national averages. Two hundred and forty eight survey forms were distributed and 100 were returned. This represented 1% of the practice's patient list.

- 88% found it easy to get through to this surgery by phone (Clinical Commissioning Group (CCG) average of 73%, national average of 73%).
- 99% were able to get an appointment to see or speak to someone the last time they tried (CCG average 84%, national average 85%).
- 95% described the overall experience of their GP surgery as fairly good or very good (CCG average 82%, national average 85%).

- 88% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 74%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 28 comment cards which were mostly positive about the standard of care received. All the patients felt that they were treated with dignity and respect and were satisfied with their care and treatment.

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

Old Coulsdon Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist advisor, practice manager specialist advisor and an Expert by Experience.

Background to Old Coulsdon Medical Practice

The Old Coulsdon Medical Practice provides primary medical services in Coulsdon to approximately 13200 patients and is one of 59 practices in Croydon Clinical Commissioning Group (CCG). The practice population is in the third least deprived decile in England.

The practice population has a lower than CCG and national average representation of income deprived children and older people. The practice population of children and working age people is similar to the CCG and national averages and the population of older people was higher than the local and national averages. Of patients registered with the practice for whom the ethnicity data was recorded, 76% are British/Mixed British, 6% are Other White and 3% are Indian/British Indian.

The practice operates in purpose built premises. All patient facilities are wheelchair accessible with lift access to the first floor. The practice has access to five doctors' consultation rooms and three nurse consultation rooms on the ground floor and five doctors' consultation rooms and a health checks room on the first floor.

The clinical team at the surgery is made up of three full-time male GPs and two part-time female GPs who are partners, two female salaried GPs, three GP registrars, six part-time female practice nurses and two part-time healthcare assistants. The non-clinical practice team consists of practice manager, assistant practice manager, reception manager, five administrative staff and seven reception staff members. The practice provides a total of 49 GP sessions per week; twenty additional sessions are provided by the GP registrars.

The practice is a training practice for trainee GPs and provides teaching to medical students and nurses.

The practice operates under a Personal Medical Services (PMS) contract, and is signed up to a number of local and national enhanced services (enhanced services require an enhanced level of service provision above what is normally required under the core GP contract).

The practice reception and telephone lines are open from 8:00am till 6:30pm Monday to Friday. Appointments are available from 8:00am to 11:00am and 2:00pm to 6:00pm every day. Extended hours surgeries are offered on Mondays to Fridays from 7:00am to 7:50am.

The practice has opted out of providing out-of-hours (OOH) services to their own patients between 6:30pm and 8am and directs patients to the out-of-hours provider for Croydon CCG.

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

Detailed findings

Why we carried out this inspection

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

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

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 26 May 2016.

During our visit we:

- Spoke with a range of staff including two reception and administrative staff, the practice manager, assistant practice manager, reception manager, four GPs, a GP registrar, a practice nurse, and we spoke with 11 patients who used the service including two members of the practice's Patient Participation Group (PPG).

- Observed how patients were being cared for and talked with carers and/or family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events and maintained a log on the computer system.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, a GP had not made a timely referral for a patient as the GP wrote the reminder on paper and mislaid it. The GP checked at a later date and found that the referral was not done. The GP immediately did the referral and discussed this with the patient's carer. Following this incident the practice reminded all staff about electronically saving all tasks to provide an audit trail so they cannot be missed or removed.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

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 that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. 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 relevant to their role. GPs were trained to Safeguarding Children level 3, nurses were trained to Safeguarding Children level 2 and non-clinical staff were trained to Safeguarding Children 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. An infection control audit was recently undertaken but these had not been carried out on a regular basis; the practice had plans to undertake infection control audits annually.
- The arrangements for managing medicines, including emergency drugs and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). 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 Clinical Commissioning Group (CCG) pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. (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.) The practice had a system for production of Patient Specific Directions (PSD) to enable Health Care Assistants to administer vaccines after specific training when a doctor or nurse were on the premises. (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.)

Are services safe?

- 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 (DBS). The practice regularly used locum GPs and checked that the locum agency had completed the required pre-employment checks.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

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. The practice had up to date fire risk assessments and carried out regular fire drills. They also had identified 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 in place 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).
- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- Some non-clinical staff had not received basic life support training since 2014; 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 was available.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage; however some of the details in the plan were out-of-date.

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 peoples' needs. The practice used special computer software that provided information about local protocols, local guidelines and best practice guidelines. It also had flowcharts and pathways with referral forms and patient information leaflets.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 98.9% of the total number of points available, with 5.7% clinical exception reporting. (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). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators was above the Clinical Commissioning Group (CCG) and national average. For example, 77% of patients had well-controlled diabetes, indicated by specific blood test results, compared to the CCG average of 72% and the national average of 78%. The number of patients who had received an annual review for diabetes was 94% which was above the CCG average of 86% and national average of 88%.

- The percentage of patients with atrial fibrillation treated with anticoagulation or antiplatelet therapy was 98%, which was in line the CCG average of 98% and national average of 98%.
- Performance for mental health related indicators was above or in-line the CCG and national averages; 92% of patients had received an annual review compared with the CCG average of 85% and national average of 88%.
- The number of patients with dementia who had received annual reviews was 86% which was above the CCG average of 85% and national average of 84%.
- The number of patients with Chronic Obstructive Pulmonary Disease (COPD) who had received annual reviews was 99% compared with the CCG average of 92% and national average of 90%.

Clinical audits demonstrated quality improvement.

- There had been three clinical audits carried out in the last two years, two of these were completed audits where the improvements made were implemented and monitored.
- For example, an audit of monitoring and management of patients at risk of developing diabetes was undertaken to ascertain if yearly blood glucose monitoring was performed according to best practice guidelines. In the first cycle the practice identified that only 47% of identified patients had follow-up blood glucose monitoring in the last year; alerts were added to these patients' notes to remind staff about yearly blood glucose monitoring. In addition to this the practice identified 56 new patients who may be at risk of developing diabetes and found that 29 patients had no blood glucose monitoring within the last year; alerts were also added for these patients. In the second cycle, after changes had been implemented there was a 6% improvement in the monitoring of these patients over a four month period.
- Another clinical audit was undertaken to ascertain if key parameters such as heart rate and temperature are documented for children with feverish illness according to best practice guidelines. In the first cycle the practice identified 27 patients with feverish illness for whom temperature was only documented for 74% of patients; following this an alert was added for all children under five years to remind the clinicians what needed to be

Are services effective?

(for example, treatment is effective)

documented. In the second cycle, after changes had been implemented, temperature was documented for 91% of patients which was a significant improvement compared to the first cycle.

- The practice worked with the Clinical Commissioning Group (CCG) medicines management team and undertook mandatory and optional prescribing audits such as those for antibiotic prescribing. The practice nurses were also involved in clinical audits.
- The practice also participated in external peer reviews and we saw evidence that the practice reviewed referrals compared to other practices in the CCG; their secondary care referral rates for the last two years were better when compared to the local CCG average.

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. It covered topics such as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality; however some non-clinical staff had not had the annual basic life support training.
- The practice had a detailed staff handbook for newly joined staff with details of the practice's policies and procedures.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to online 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 on-going support, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs.

- The practice had regular open educational evenings for all staff members during which they had training provided by the local Clinical Commissioning Group (CCG), in-house training such and discussions about best practice guideline updates.
- To enable improved access to cognitive and behavioural therapy the practice had arranged a training session for clinical staff from the local NHS psychological therapies service. The practice found this particularly helped patients with anxiety who were reluctant to travel to access this service.
- Staff received mandatory update training that included: safeguarding, fire procedures and information governance awareness; however some non-clinical staff had not had the annual basic life support training since 2014. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

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

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan on-going care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. The practice had clinical meetings every two weeks where they discussed significant events, vulnerable patients and unplanned admissions and general clinical issues; they also had practice nurse meetings every 6 weeks where they discussed clinical and general nursing issues. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated. The practice had personalised care plans for patients with long-term conditions.

Consent to care and treatment

Are services effective?

(for example, treatment is effective)

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.
- We found that the consent obtained for minor surgical procedures were satisfactory.

Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition, patients with a learning disability and those requiring advice on their diet, smoking and alcohol cessation and those with dementia. Patients were then signposted to the relevant service.
- The practice ran a smoking cessation group and had referred 123 smokers in the last year and had 61 quitters (50%) which was one of the highest quit rates in the local Clinical Commissioning Group (CCG).

- The practice had a blood pressure (BP) measuring station for patients to self-measure their BP while they wait for their appointment; it had detailed instructions for measuring BP. The station also had a health questionnaire for patients to complete which was reviewed during their appointment.
- The practice Patient Participation Group (PPG) regularly invited specialist speakers and provided educational events for patients on topics including dementia, cardiology, prostate cancer, breast cancer, arthritis and gastric reflux; about 30 to 80 patients attended these talks; these talks were followed by a question and answer session. Following these events the PPG obtained feedback from these patients and found that these educational events were very useful for patients as they provided exercise and lifestyle advice.

The practice's uptake for the cervical screening programme was 89%, which was above the 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 also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccines given were comparable to CCG averages. For example, childhood immunisation rates for the vaccines given to under two year olds ranged from 90% to 94% and five year olds from 70% to 95%. Flu vaccination rates for diabetes patients were 96% which was above the CCG and national averages.

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.

Most of the 28 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

We spoke with 11 patients including two members of the Patient Participation Group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. For example:

- 91% said the GP was good at listening to them (Clinical Commissioning Group (CCG) average of 86%; national average of 89%).
- 94% said the GP gave them enough time (CCG average 83%, national average 87%).
- 95% said they had confidence and trust in the last GP they saw (CCG average 93%, national average 95%).
- 89% said the last GP they spoke to was good at treating them with care and concern (CCG average 81%, national average 85%).
- 93% said the last nurse they spoke to was good at treating them with care and concern (CCG average 90%, national average 91%).
- 96% said they found the receptionists at the practice helpful (CCG average 87%, national average 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 on the comment cards we received was also positive and aligned with these views.

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

- 94% said the last GP they saw was good at explaining tests and treatments compared to the Clinical Commissioning Group (CCG) average of 84% and national average of 86%.
- 88% said the last GP they saw was good at involving them in decisions about their care (CCG average 78%, national average 82%).
- 91% said the last nurse they saw was good at involving them in decisions about their care (CCG average 84%, national average 85%).

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

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 1.6% (209 patients) of the practice list as carers. Written information was available to direct carers to the various avenues of support available to them. The practice hosted a dementia carers support group through their Patient Participation Group (PPG) and had held carers week. The practice also ran monthly carer support group afternoons. The PPG invited guest speakers during these support group meetings and provided talks and live demonstrations on topics such as manual handling, incontinence pads, eating and dressing.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card.

Are services caring?

This call 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. The practice staff even attended funerals of some patients.

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.

- There were longer appointments available for patients with a learning disability and those with complex long-term conditions.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- There were disabled facilities and translation services available.
- Homeless people were able to register at the practice.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- The practice provided a phlebotomy service at the practice to encourage older patients who may have difficulty in getting to the hospital and to improve monitoring of patients with long term conditions.
- The practice nurses ran daily minor illness clinics to manage patients with simple issues; the lead practice nurse was a nurse prescriber.
- The practice GPs provided care for a local warden assisted property and a local care home for highly dependent neurologically impaired patients supporting the needs of the residents. They also provided care for a local home for patients with mental health issues.
- The practice hosted a dementia carers support group through their Patient Participation Group (PPG) and had held carers week. The practice also ran monthly carer support group afternoons. The PPG invited guest speakers during these support group meetings and provided talks and live demonstrations on topics such as manual handling, incontinence pads, eating and dressing.
- The practice provided minor surgical procedures including dermatological procedures, joint injections and coil fitting which reduced the need for referrals to hospital.

Access to the service

The practice was open between 08:00 and 6:30pm Monday to Friday. Appointments were available from 8:00am to 11:00am and 2:00pm to 6:00pm daily. Extended hours surgeries were offered on Mondays to Fridays from 7:00am to 7:50am. In addition to pre-bookable appointments that could be booked up to eight weeks in advance, urgent appointments were also available for people that needed them. The practice ran an open surgery every day from 8am to 11:30am and a duty doctor was available from 12pm to 6:30pm to enable patients to be seen on the same day.

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

- 80% of patients were satisfied with the practice's opening hours (Clinical Commissioning Group (CCG) average 74%; national average of 75%).
- 88% patients said they could get through easily to the surgery by phone (CCG average 73%, national average 73%).
- 90% patients said they always or almost always see or speak to the GP they prefer (CCG average 57%, national average 59%).

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

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 looked at eight complaints received in the last 12 months and these were satisfactorily dealt with in a timely way. We saw evidence that the complaints had been acknowledged and responded to and letters were kept to provide a track record of correspondence for each complaint. However, there was no ombudsman information in the response letter sent to patients. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, a patient's relative had complained about having to wait more than an hour to see a GP. The practice investigated this incident and found that the concerned GP

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

was dealing with several serious patients on that morning and was running late; the patient was not kept informed

regarding the late running of the appointment. Following this incident the practice introduced a system in place to inform patients if the GPs were running more than 30 minutes late.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.

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. The practice had leads assigned for areas including palliative care, safeguarding, medicines optimisation, long term conditions, infection control, complaints and significant events.
- Practice specific policies were implemented and were available to all staff. They had a shared folder in their computer system containing all the practice policies which were regularly updated.
- There was a comprehensive understanding of the performance of the practice. There was evidence that benchmarking information was used routinely when monitoring practice performance.
- Governance meetings took place every two weeks with partners and the practice manager where significant events, management issues, clinical issues and strategy were discussed.
- The practice also had staff meetings every three months which was attended by all non-clinical staff and practice nurses; these meetings were not minuted.
- There was a programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions except infection control.

Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate

care. The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff. There was a clear leadership structure in place and staff felt supported by management.

- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at meetings and felt confident in doing so and felt supported if they did.
- 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.
- The practice had named lead GPs for different clinical areas, prescribing, safeguarding, information technology and human resources.

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

When there were unexpected or unintended safety incidents:

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

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 practice had an active PPG with 10 members which met regularly carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the practice improved its telephone access by increasing the number of reception staff in the morning; improved the practice booklet and website to include details of services available in the surgery and out of

Are services well-led?

Good 

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

hours access; improved seating in the waiting areas; installed digital information screens in the waiting area; implemented name badges for practice staff and improved access by providing early morning appointments. The practice also had a virtual PPG with about 200 members.

- 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.

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area for example the practice was part of local initiatives to bring care closer to home including a prostate cancer community clinic pilot. The practice hosted a dementia carers support group through their Patient Participation Group (PPG) and had held carers week. The practice also ran monthly carer support group afternoons.

Continuous improvement