

# The Tudor House 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 the Tudor House Medical Centre on 19 January 2017. Overall the practice is rated as good.

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

- Staff were open and transparent and committed to reporting incidents and near misses. The level and quality of incident reporting ensured a reliable picture of safety.
- Learning was based on analysis and investigation of any errors and incidents. The practice acted on its findings to improve the service.
- The practice had effective systems in place to minimise risks to patient safety.
- Staff were aware of current evidence based guidance. Staff had the skills and knowledge to deliver effective care and treatment.
- Patient feedback indicated that patients were treated with compassion and respect and were involved in their care and decisions about their treatment.

- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- The service was accessible. Patient feedback was positive about the ease of getting an appointment. Urgent appointments were available the same day.
- The practice had adequate facilities and was equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

The area where the practice should make improvement is:

- The practice should consider ways to further improve the control of diabetes in the practice population.

**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.

- The practice had an effective system for reporting and recording significant events. Lessons were shared and action was taken to improve safety in the practice.
- When things went wrong patients were informed, given an explanation and a written apology. Patients were told about any actions to prevent the same thing happening again.
- The practice had defined and embedded systems, processes and practices to minimise risks to patient safety.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had arrangements in place to respond to emergencies and major incidents.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed that practice performance in managing long term conditions was in line with the national average.
- Staff were aware of and used current evidence based guidance.
- We saw evidence of clinical audit and quality improvement work with positive results.
- Staff had the skills and knowledge 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.
- The practice actively promoted the health of its patients through information, education and preventive programmes.

Good



### Are services caring?

The practice is rated as good for providing caring services.

- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Data from the national GP patient survey showed patients rated the practice highly. The practice scores were in line with the national average.

Good



# Summary of findings

- Patient feedback was positive. Patients reported being treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- The practice provided accessible information about the services it provided in a range of formats, for example in a leaflet, posters and its website

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice understood its population profile and had used this understanding to meet the needs of its population, for example providing a shared care mental health service.
- The practice scored above average for the accessibility of the service on the national GP patient survey.
- The practice was equipped to treat patients and meet their needs.
- Information about how to complain was available and evidence from a recent example showed the practice responded quickly to issues raised. Learning from complaints was shared with the practice team.

Good



## Are services well-led?

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

- The practice had a clear purpose, values and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about their responsibilities.
- There was a clear leadership structure. The practice had policies and procedures to govern activity and held regular governance meetings.
- The practice had a strong safety culture and effective arrangements in place to identify and monitor risks.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- The provider was aware of the requirements of the duty of candour. The practice had systems to notify patients of any incidents meeting the duty of candour criteria. The practice learned from incidents, accidents and alerts.
- The practice sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged with its patient participation group.
- There was a focus on continuous learning and improvement at all levels.

Good



# Summary of findings

## The six population groups and what we found

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

### Older people

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

- The practice offered proactive, personalised care to meet the needs of the older patients in its population. Reception staff were trained on individualising care for older people, for example on the use of the hearing loop; reminders for dementia patients; arranging blister packs of medicines and arranging transport to health appointments.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments as appropriate. All patients over 75 had a named GP.
- The practice maintained a register of patients receiving palliative care and liaised with the local palliative care team. Patients receiving palliative care were involved in planning their care, including their end of life care.
- Patients over 75 made up the majority of the group of complex patients identified by the practice as requiring personalised care plans. One of the practice partners attended (and chaired) the monthly Brent multidisciplinary complex care group meetings. In doing so, the practice had developed links with local specialist elderly care consultants, old age psychiatrists, social services professionals and the local primary care dementia nurse and was aware of local services and resources such as STARRS (the Brent short term assessment, reablement and rehabilitation service).
- The practice followed up older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Older patients were provided with advice and preventive care to help them to maintain their health and independence. For example, the practice ran campaigns to encourage eligible patients to have the flu, shingles and pneumococcal vaccinations.
- Staff were able to recognise the signs of abuse in vulnerable older patients and knew how to escalate any concerns.
- The practice provided a bypass telephone line to care homes, the ambulance service and other healthcare professionals to facilitate urgent queries.

Good



### People with long term conditions

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

Good



# Summary of findings

- The practice maintained registers of patients with long-term conditions. There was a system to recall patients for a structured annual review to check their health and medicines needs were being met. The GPs and practice nurse had lead roles in long-term disease management.
- The practice had performed well on the Quality and Outcomes Framework (QOF) for managing most long-term conditions. The practice held monthly clinics for patients with poorly controlled diabetes which were run jointly by GP and the specialist diabetes nurse consultant for Brent. However practice performance on key diabetes related indicators were below average in 2015/16.
- The practice participated in a Brent-wide scheme to reduce unplanned admissions which targeted patients with complex or multiple long-term conditions. Patients at risk of hospital admission or sudden deterioration were identified as a priority.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- The practice posted information for patients about a range of long term conditions on its website with links to further resources. The website included a translation facility.

## Families, children and young people

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

- The practice provided antenatal and postnatal services. One of the GPs and the practice nurse ran a joint mother and baby clinic at six weeks after birth.
- Immunisation rates were high for standard childhood immunisations. The practice encouraged pregnant women to have the flu and pertussis vaccinations (whooping cough).
- The practice trained staff on treating children and young people in an age-appropriate way and as individuals.
- Appointments were available outside of school hours and the premises were suitable for children and babies, for example with baby changing facilities and a space where mothers could breastfeed in privacy.
- The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications.
- There were systems 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 accident and emergency (A&E) attendances.

Good



# Summary of findings

- The practice liaised with midwives, health visitors and school nurses to support families and children, for example in following up potential safeguarding concerns.

## **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 working age patients had been identified and the practice had adjusted the services it offered to ensure these were accessible and flexible. For example, the practice was open on Monday evening. GP and nurse consultations were available after 5pm. Patients also had access to the local primary care 'hub' service in the evening and at weekends.
- The practice offered a range of ways to access services, for example, daily telephone consultations with a GP, online appointment booking and an electronic prescription service.
- The practice used text messaging with patient consent to communicate test results and vaccination reminders.
- The practice offered health promotion and screening services reflecting the needs for this age group, for example NHS health checks for patients aged 44-75 years.
- The practice provided a contraceptive service (including oral, injectable and barrier methods) and signposted patients to local family planning services if they were interested in using long acting reversible contraceptive methods.
- In 2015/16, 75% of eligible women registered with the practice had a cervical smear test within the last five years, in line with the clinical commissioning group (CCG) average of 77%.
- The practice used its website to promote useful health information including on smoking cessation, sexual health and healthy living. The practice also promoted Brent CCG's health 'app' for mobile phones.

Good



## **People whose circumstances may make them vulnerable**

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

- The practice held a register of patients living in vulnerable circumstances for example patients with a learning disability. Alerts were included on the electronic patient record system to ensure that staff were aware of patients who required additional assistance.

Good



# Summary of findings

- The practice offered longer appointments for patients with a learning disability and annual health checks. We were given two examples where serious health conditions had been diagnosed at an early stage in the last year as a result of these health checks.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice had information available for vulnerable patients about how to access various services, support groups and voluntary organisations for example drug and alcohol services. The practice had access to a local 'care navigator' who could visit patients at home.
- Staff interviewed knew how to recognise signs of abuse in children, young people and vulnerable adults. They 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.
- The practice identified carers and provided them with information about available support.

## 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).

- Patients at risk of dementia were offered screening and referral to the local memory services.
- The practice team worked with primary care dementia nurses, social services and old age psychiatry to manage dementia patients in the community and ensure up to date dementia care plans in place.
- In 2015/16, 10 of 14 (71%) of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was comparable to the local and national average.
- In 2015/16, 31 of 31 (100%) of patients with a diagnosed psychosis had a comprehensive care plan in their records. This was above the national average.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs. The practice also used coded alerts on the electronic patient record system to identify patients at risk of self-harm.
- The practice offered shared care for eligible patients with mental health conditions and was able to obtain specialist advice, referral and support through a local single point of

Good





# Summary of findings

access to the mental health teams. The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

- Staff interviewed had a good understanding of how to support patients with mental health needs and dementia.
- The practice had information available for patients experiencing poor mental health about how they could access local counselling services, support groups and voluntary organisations. This included information signposting families to children's centres, health visiting services and children's mental health services. The practice had posted relevant information and resources on its website which included a translation facility.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice tended to perform above the local and national averages. For this survey 272 questionnaires were distributed and 103 were returned. This represented 4% of the practice patient list and a response rate of 38%.

- 89% of patients described the overall experience of this GP practice as good compared with the clinical commissioning group (CCG) average of 80% and the national average of 85%.
- 80% of patients described their experience of making an appointment as good compared with the CCG average of 68% and the national average of 73%.
- 83% 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 70% and the national average of 78%.

As part of our inspection we asked for CQC comment cards to be completed by patients in the days before the inspection. We received 39 comment cards, all but four of which were wholly positive about the service. We also spoke with six patients on the day.

Patients participating in the inspection commented that the practice provided a good service in a safe, hygienic environment. Patients consistently described the doctors and staff as kind and caring and willing to listen. The receptionists were described as always being welcoming and helpful. Patients gave us examples of compassionate, patient-centred care in relation to care they had received.

The practice scored highly on the NHS 'Friends and family survey'. Over the previous month, 100% of patients would recommend the service to others.

# The Tudor House Medical Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC inspector. The team included a GP specialist adviser.

## Background to The Tudor House Medical Centre

The Tudor House Medical Centre provides NHS primary medical services to around 3300 patients in the Wembley area of Brent from a single surgery. The service is provided through a personal medical services contract. The practice is located within a converted property in a residential area.

The current practice clinical team comprises two GP partners (male and female), two part-time practice nurses and a phlebotomist. The GPs typically provide 15 clinical sessions at the practice per week. The staff team also includes two practice managers and receptionists.

The practice opening hours are from 8.30am to 6.30pm on Monday, Tuesday, Thursday and Friday and from 8.30am to 1.30pm on Wednesday. Morning consultation times run from 9am to 11.30am and afternoon consultations run from 4pm to 6.30pm. The practice also runs an 'extended hours' surgery on Monday evening from 6.30pm to 8pm. Telephone consultations are also provided daily.

The GPs make home visits to see patients who are housebound or are too ill to visit the practice. Same day appointments are available for patients with complex or more urgent needs. The practice offers online appointment booking and an electronic prescription service.

When the practice is closed, patients are advised to use the local out-of-hours primary care service or attend the local 'hub' primary care service. The practice provides information about its opening times and how to access urgent and out-of-hours services in the practice leaflet, on its website and on a recorded telephone message.

The practice population is characterised by average levels of income deprivation, employment rates and life expectancy. The practice age-sex profile is also similar to the English average. The population is ethnically diverse.

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

## 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.

# Detailed findings

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations give examples to share what they knew. We carried out an announced visit on 19 January 2017. During our visit we:

- Spoke with a range of staff (including both GPs, the practice manager, the practice nurse and receptionists).
- Observed how patients were greeted and spoke with six patients.
- Reviewed 39 comment cards where patients shared their views and experiences of the service.
- Reviewed an anonymised sample of the personal care or treatment records of patients. We needed to do this to check how the practice carried out care planning for patients with longer term conditions.
- Inspected the facilities, equipment and premises.
- Reviewed documentary evidence, for example practice policies and written protocols and guidelines, audits, patient complaints, meeting notes, and monitoring checks.

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 living with dementia).

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

# Are services safe?

## Our findings

### Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour although no recent incidents had met the criteria for notification. (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).
- There had been three reported incidents during the previous 12 months. We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, an explanation and a written apology and were told about any actions to prevent the same thing happening again.
- We reviewed safety records, incident reports and patient safety alerts. The practice kept a log of significant events, including near misses. Relevant safety alerts were shared and the practice kept a clear record of actions taken in response. The practice reviewed all incidents at practice meetings and kept a record of actions taken.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, one incident involved a child who had attended the practice with severe symptoms of an acute illness. The practice did not have the most suitable medicine (dexamethasone) available to administer immediately. As a result of this incident, the practice had carried out a risk assessment and reviewed current guidelines. The practice now included this medicine in its emergency stock.

### Overview of safety systems and processes

The practice had defined and embedded systems and processes in place to minimise patients from risks to safety:

- The practice had arrangements to safeguard children and vulnerable adults from abuse. One of the GP partners was the clinical lead for adult and child safeguarding. The practice policy and procedures

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.

- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. Members of staff gave us examples of how they had responded to safeguarding concerns in practice. The GPs and the practice nurse were trained to child protection level three. Other staff were trained to level one. The GPs provided safeguarding related reports promptly where necessary for other statutory agencies.
- Notices in the waiting and consultation rooms 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. There were cleaning schedules and monitoring systems in place.
- One of the GP partners was the lead for infection control in the practice and the practice nurse was responsible for monitoring infection control practice day to day. The practice had comprehensive infection control policies in place including hand washing, handling of specimens and handling of 'sharps'. Staff had received up to date training on infection control.
- The practice had recently undergone an external audit of its infection control in September 2016 which was carried out by the local NHS infection control team. The practice had acted on the recommendations for example, replacing the chairs in the waiting room. The practice also carried out its own infection control audits, auditing all aspects of infection control (including hand hygiene, waste control and managements of 'sharps') over the course of the year.

## Are services safe?

The practice had effective arrangements for managing medicines safely (including obtaining, prescribing, recording, handling, storing, security and disposal of medicines).

- There were processes for handling repeat prescriptions which included the review of high risk medicines and regular review of patients on long-term prescriptions.
- Repeat prescriptions were signed by a GP before being issued and there was a reliable process to ensure this occurred. The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy team, to ensure prescribing was in line with best practice guidelines.
- Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.
- Patient group directions (PGDs) had been adopted by the practice to allow the practice nurses to administer medicines in line with legislation. (PGDs are instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment).

The practice carried out all required recruitment checks. We reviewed records for three members of staff 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 in place for monitoring and managing risks to patient and staff safety. The practice had appropriate health and safety policies and protocols in place with a named lead.
- We inspected various risk assessments, insurance and maintenance certificates held by the practice. These included a fire risk assessment which was up to date. Fire alarms were tested weekly and there were two fire drills annually.

- All electrical equipment was checked to ensure it was safe to use and clinical equipment was checked to ensure it was working properly. The practice carried out regular water testing as recommended in its Legionella risk assessment. (Legionella is a type of bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff needed to meet patients' needs. There was a rota system in place to ensure enough staff were on duty with the appropriate skill mix. The practice occasionally used locum GPs to cover planned leave and had put together a locum pack with useful information, for example on making referrals and local safeguarding arrangements.

### Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to respond to emergencies and major incidents. The practice had recently handled emergency situations and had responded immediately and appropriately. These incidents had been reviewed for any learning and further improvement.

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

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and local 'pathways' agreed by the clinical commissioning group (CCG) and used this information to deliver care and treatment that met patients' needs.
- The practice conducted audits, medicines reviews with individual patients and attended multi-disciplinary and case management meetings to ensure that the treatment it provided was evidence based.

### 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 for 2015/16 were 95.1% of the total number of points available compared to the national average of 95.3%.

The practice exception reporting rates tended to be lower than the local and national averages. Overall, the practice exception reporting rate for the clinical domain was 6% compared to 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). Data from 2015/16 showed:

- Practice performance for key diabetes related indicators was below the local and national averages. For example, 62% of diabetic patients had blood sugar levels that were adequately controlled (that is, their most recent IFCC-HbA1c was 64 mmol/mol or less) compared to the CCG average of 77% and the national average of 78%. The practice exception reporting rate was 5% for this indicator compared to the CCG and national rates of 12% and 13% respectively.

- Seventy-two per cent of practice diabetic patients had a recent blood pressure reading in the normal range compared to the CCG average of 80% and national average of 78%. The practice exception rate reporting was 4% for this indicator compared to the national average of 9%.
- The practice was aware that there was scope to improve performance on diabetes and had taken action for example, it had introduced monthly diabetic nurse consultation clinics at the practice for patients whose diabetes was poorly controlled and had recruited a patient 'champion' to discuss their experience of starting insulin with other patients. We met this patient who understood their role and was enthusiastic about engaging with other patients.
- In 2015/16, 10 of 14 (71%) of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months.
- In 2015/16, 31 of 31 (100%) of patients with a diagnosed psychosis had a comprehensive care plan in their records. This was above the national average. The practice had not reported any exceptions for this indicator.

There was evidence of quality improvement including clinical audit.

- Clinical audits were prompted by changes to guidelines, incidents, contractual requirements and local prescribing priorities. The practice participated in locality based audits, national benchmarking and peer review and regularly liaised with the local NHS prescribing team.
- The practice provided evidence of 11 clinical audits, three of which were completed two-cycle audits. These focused on two-week cancer referrals; prescribing and monitoring of patients with chronic kidney disease and an audit of repeat prescribing. Several patients had their prescriptions or treatment adjusted or changed over the course of these audits. The cancer referral audit showed that all referred patients had attended appointments within two weeks and the practice 'safety-netting' system was working as intended.

The practice used comparative information about patient outcomes and practice performance to monitor improvement. For example, the practice reviewed its rates of emergency admissions, patient satisfaction, referral rates and A&E attendances.



# Are services effective?

(for example, treatment is effective)

## Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- All staff received mandatory training and updates that included: safeguarding, fire safety awareness, basic life support and information governance.
- The practice could demonstrate how it ensured that relevant staff received role-specific training and updates.
- Staff with specific roles, for example chaperoning were given appropriate training and guidance.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources.
- 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 clinical meetings, practice staff meetings, appraisals, informal discussion and support for revalidation (for the GPs and nurse). All staff had received an appraisal within the last 12 months.
- The practice held practice meetings around twice a month. These included discussion of guidelines, reflection on significant events and complaints and unusual or challenging cases.

## 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 information stored on the shared computer drive.

- 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 treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital.

- Practice clinicians attended multidisciplinary meetings in the locality at which care plans were routinely reviewed and updated for patients with complex needs. The practice also liaised with health visitors, community nurses and the local palliative care team to coordinate care and share information.
- The practice shared information about patients with complex needs or who were vulnerable due to their circumstances. This ensured that other services such as the ambulance and out of hours services were updated with key information in the event of an emergency or other unplanned contact.

## 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 and the Deprivation of Liberty Safeguards.
- 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 nurse assessed the patient's capacity and, recorded the outcome of the assessment.

## Supporting patients to live healthier lives

The practice identified patients in need of extra support to live a healthier lifestyle, for example those at risk of developing a long-term condition. The practice offered a range of preventive services:

- In 2015/16, 75% of eligible women registered with the practice had a cervical smear test within the last five years, in line with the clinical commissioning group (CCG) average of 77%. The practice ensured a female sample taker was available. (The practice exception reporting rate for this indicator was in line with than the CCG average).



## Are services effective? (for example, treatment is effective)

- There were systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.
- Childhood immunisation rates were above target (90%) for all standard childhood vaccinations. The practice followed up children who did not attend their initial appointments.
- Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. The staff carrying out health checks were clear about risk factors requiring further follow-up by a GP.
- The practice encouraged patients with learning disability to attend for routine annual health checks and had recently diagnosed potentially serious conditions at an early stage.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

During our inspection we observed that members of staff were courteous and very helpful to patients and treated them with dignity and respect. They were polite to patients and treated them with respect.

- Curtains or screens 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 were able to take patients to a more private area if they needed to discuss sensitive issues or appeared distressed.
- The practice used interpreting services including sign language interpreting when appropriate. There was a notice informing patients about these services.

Patients participating in the inspection commented that the practice provided a good service in a safe, hygienic environment. Patients consistently described the doctors and staff as kind and caring and willing to listen. The receptionists were described as always being welcoming and helpful. Patients gave us examples of compassionate, patient-centred care in relation to care they had received.

Results from the national GP patient survey showed that the practice tended to score in line with the local and national averages for patient experience of consultations.

- 92% of patients said they found the receptionists at the practice helpful compared to the CCG average of 84% and the national average of 87%.
- 85% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 85% and the national average of 89%.
- 84% of patients said the GP gave them enough time compared to the CCG average of 82% and the national average of 87%.
- 95% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and the national average of 95%.
- 77% 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%.

- 71% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 84% and the national average of 91%.

The practice also participated in the NHS 'Friends and family' feedback survey. Over the previous month, 100% of participating patients would recommend the service to others.

### Care planning and involvement in decisions about care and treatment

Patients who participated in the inspection told us they felt involved in decision making about the care and treatment they received. They also said they had received good advice and information that was helpful in making decisions.

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 although the practice tended to score below average in relation to nurse consultations. For example:

- 77% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and the national average of 86%.
- 76% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 78% and the national average of 82%.
- 67% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 78% and the national average of 85%.

The practice had analysed the survey results and drawn up an action plan. The clinical staff were reviewing the published literature on good consultation skills with a view to improving the patient experience.

### Patient and carer support to cope emotionally with care and treatment

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

## Are services caring?

The practice computer system alerted staff if a patient was also a carer. The practice had identified 47 patients who were carers (1% of the practice list). The practice offered carers the flu vaccination, priority for appointments and a written information pack outlining the various avenues of support available to them.

Staff told us that if patients had suffered bereavement, the named GP would write, telephone or visit the family depending on the circumstances and would ensure other professionals were updated. The practice signposted patients to bereavement support services.

# 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 provided a range of extended or enhanced services at the practice to meet the needs of patients, for example providing phlebotomy and a shared care mental health service.

- The practice was accessible to patients who had difficulty attending during normal opening hours. The practice opened on Monday evening. Consultations with a GP or nurse were available outside of normal working hours. Telephone consultations were available daily.
- There were longer appointments available for patients with communication difficulties or who had complex needs.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and patients with urgent medical problems.
- Patients in vulnerable circumstances were reviewed the same day they registered at the practice.
- Patients were able to receive travel vaccinations. The practice displayed information explaining which vaccinations were available on the NHS and the fees charged for other vaccinations.
- The practice was equipped to treat patients and meet their needs. There were accessible facilities, a hearing loop and translation services available including sign language interpreters and community advocates.
- Patients could choose to consult a male or female GP.
- The practice contacted patients recently added to the palliative care list before weekends and holiday periods to ensure care arrangements were in place.

### Access to the service

The practice opening hours were from 8.30am to 6.30pm on Monday, Tuesday, Thursday and Friday and from 8.30am to 1.30pm on Wednesday. Morning consultation times ran from 9am to 11.30am and afternoon consultations ran from 4pm to 6.30pm. The practice also ran an 'extended hours' surgery on Monday evening from 6.30pm to 8pm.

Data from the national GP patient survey showed that patients were positive about access to the service. The practice consistently scored above the local average for questions about access to the service:

- 80% of patients were satisfied with the practice's opening hours compared to the clinical commissioning group (CCG) average of 72% and the national average of 76%.
- 76% of patients said they could get through easily to the practice by phone compared to the CCG average of 68% and the national average of 73%.
- 84% 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 78% and the national average of 85%.
- 52% of patients said they usually got to see or speak to their preferred GP compared to the CCG average of 52% and the national average of 59%.
- 80% of patients described their experience of making an appointment as good compared with the CCG average of 68% and the national average of 73%.
- 59% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 42% and the national average of 58%.

The practice had a system in place to assess:

- Whether a home visit was clinically necessary; and
- The urgency of the need for medical attention.

This was done by asking patients or carers to request home visits early in the day wherever possible to allow the duty doctor (GP) to make an informed decision on prioritisation according to clinical need. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

### Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.

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

- We saw that information was available to help patients understand the complaints system, including how to take the complaint further if they were unhappy with the practice's response.

The practice had received two written and four verbal complaints in the last 12 months. Complaints had been appropriately handled and dealt with in a timely way. The

practice offered patients a written apology and a meeting to discuss their concerns. Lessons were learnt from individual concerns and complaints and action was taken to review and improve the quality of care. For example, the practice provided leaflets about cervical screening in a range of languages following a patient complaint.

# 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, safe care and improve the health and quality of life for patients. The practice informed patients about values on its website. Staff we interviewed were positive about the purpose of the practice and their role in achieving this.

- The practice had a statement of purpose and staff knew and understood the aims, objectives and values underpinning the service.
- The practice had a strategy and supporting business and action plans which reflected the vision and were regularly monitored.
- The practice had identified short and longer term objectives. In the longer term the practice was considering succession planning arrangements and was in the early stages of exploring a merger with another practice.

### Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- The practice benefited from a strong safety culture. This included a focus on learning from incidents.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. For example, the practice had effective infection control procedures in place and maintained these through regular internal audits. The practice also monitored patients on high risk medicines in line with guidance.
- A comprehensive understanding of the performance of the practice was maintained and was used to improve. For example, the practice was aware that there was scope to improve performance on diabetes and had

taken action for example, it had introduced monthly diabetic nurse consultation clinics at the practice for patients whose diabetes was poorly controlled and had recruited a patient 'champion'.

- Practice meetings were held fortnightly which provided an opportunity for staff to learn about the performance of the practice. The practice had a number of staff who worked part time so meetings were documented and shared.
- We saw documented evidence, for example in the minutes of meetings and action plans which recorded shared learning and improvements to processes and practice, for example following significant events.

### Leadership and culture

On the day of inspection the practice managers and clinicians demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. The practice had a good spread of skills and was in the process of recruiting a nurse qualified to carry out spirometry testing. The practice invested in developing leadership skills. One of the partners had attended a recognised 12 month leadership development course.

The practice actively participated in commissioning discussions. One of the GP partners was a director of the locality practices' provider company.

Staff consistently told us that the practice had developed an open and supportive team culture and was a good place to work.

- The practice worked in collaboration with other practices and health and social services in the provision of care. For example, the practice worked with district nurses and social workers to monitor vulnerable patients.
- The practice was a strong advocate for 'whole systems' working and the benefits for patients of working jointly with other professionals. The practice team provided leadership for local initiatives. For example, one of the GP partners was the clinical supervisor and chair for the multidisciplinary complex patient management group in the locality.
- Staff told us they had the opportunity to raise any issues at team meetings or more directly with the GPs and managers and felt confident and supported in doing so.

# Are services well-led?

Good 

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

- Staff said they felt respected, valued and supported. Staff were involved in discussions about how to develop and improve the practice.

The practice was aware of and had systems 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). We reviewed the significant events that had occurred in the previous 12 months and found that the practice had systems to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, a clear explanation and a written apology.
- The practice kept written records of verbal and internet based interactions as well as written correspondence and learnt from these forms of feedback.

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

The practice encouraged and valued feedback from patients and staff. It proactively sought feedback from patients and staff:

- The practice ran a patient participation group (PPG). The PPG had met three times in 2016 and discussed proposals for improvements to the practice management team. For example, the PPG had approved of the replacement of the seating in the waiting room and changes to the appointment system. We met three members of the PPG who told us the practice was responsive to their suggestions.
- The practice analysed its patient survey results and participated the standardised NHS Friends and family questionnaire. The practice reviewed feedback and took action to improve, for example increasing the number of available same day appointments. The practice was planning to run its own patient survey to explore patient experience in more depth.

- The practice obtained staff feedback through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.
- Staff told us they felt well supported with opportunities to develop professionally.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice.

- The practice routinely used clinical audit as a tool to drive improvement. The practice had carried out 11 clinical audits over the previous 12 months and used these to ensure that patients received evidence based treatment in line with current guidelines.
- The practice scored well on the national GP survey for access to appointments. The practice told us it had improved access by implementing changes to its appointment booking system, introduced online appointments and it referred patients to the local primary care 'hub' practice in the evening and at weekends.
- The practice was team was forward thinking and took part in local pilot schemes to improve outcomes for patients in the area, for example it had seen benefits for patients from working with a 'care navigator' who visited patients at home was able to signpost patients to a wide range of services and activities, for example a local knitting group.
- The practice had monitored its comparative performance and identified a range of areas for further improvement including diabetes control, cervical screening uptake and the detection of chronic obstructive pulmonary disease. It was taking action in all of these areas.