

# Plumbridge 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

## 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	10

### Detailed findings from this inspection

Our inspection team	11
Background to Plumbridge Medical Centre	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Plumbridge Medical Centre on 27 January 2016. Overall the practice is rated as good.

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

- There was a transparent and proactive approach to safety and a system was in place for reporting and recording significant events. However minor incidents were not always recorded and learning shared.
- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses.
- Risks to patients were assessed and well managed.
- Patients' needs were assessed and care delivered in line with current best practice guidance.
- Staff received ongoing training and development to ensure they 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 adequate facilities and was well equipped to treat patients and meet their needs. The practice did not have a defibrillator on site but informed us they planned to purchase one.
- The practice had a clear vision to deliver a high quality and compassionate service which was responsive to patients needs and promoted the best possible outcomes for patients.
- 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.

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

- The practice should review their emergency equipment risk assessment to identify how they will

# Summary of findings

respond to a medical emergency in the period whilst they await the purchase of a defibrillator. The practice should also clarify the shared use arrangements for the equipment once purchased.

- The provider should ensure the safe storage of blank prescription pads and have systems in place to record batch numbers of blank paper prescriptions placed in individual printers.

- Administration staff should undertake annual Basic Life Support (BLS) training in line with current guidance.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

Good



- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses.
- There was a system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- Patients received support, truthful information, a verbal and written apology.
- 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.
- Prescription pads were not always stored securely and records were not maintained of batch numbers of blank prescriptions kept in printers.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- 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.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of regular appraisals and support and encouragement for personal development for all staff.
- Staff worked with multidisciplinary teams to ensure the needs of patients with complex needs were identified and met.

### Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the National GP Patient Survey showed patients rated the practice equal to or higher than others for most aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

# Summary of findings

- Comments from patients about the care and support received from their GP were positive.
- Information for patients about the services available was easy to understand and accessible.
- We observed that staff treated patients with kindness and respect, and maintained patient 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 relevant organisations including the Clinical Commissioning Group and local GP Federation to secure improvements to services where these were identified.
- Patients said that they were able to make an appointment with a named GP and there was continuity of care. Urgent appointments were always made available to patients when requested.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group.
- The practice was located in purpose-built accommodation with good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand. However the information was only available in English.
- Evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



## Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and values of the practice and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management.
- The practice had appropriate policies and procedures in place to govern activity and held weekly clinical team meetings.
- The practice proactively sought feedback from staff and patients, which it acted on.
- There was an active patient participation group (PPG).

Good



# Summary of findings

- There was a strong focus on continuous learning and improvement at all levels. New staff had received induction and all staff received regular appraisals.

# 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 who required them.
- Nationally reported data showed that outcomes for patients with conditions commonly found in older people were comparable with the national average.

Good



### People with long term conditions

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

- Nursing staff worked in collaboration with GPs in the management of long term conditions.
- Patients at risk of frequent hospital admission were identified and followed up as a priority.
- Nationally reported data showed that outcomes for patients with diabetes were lower than the national average. However, the practice were aware of this and had implemented procedures to address the issues. Ongoing audit was in place.
- Longer appointments and home visits were available when needed.
- The practice was participating in the Year of Care (YoC) initiative for patients with long-term conditions.

Good



### Families, children and young people

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

- There were systems in place to identify and follow up children who were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates were comparable with the CCG average for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals.
- Cervical screening rates were comparable with CCG and national average.
- Appointments were available outside of school hours.

Good



# Summary of findings

- The premises were suitable for children and babies and baby feeding and changing facilities were available if required.

## **Working age people (including those recently retired and students)**

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

- The needs of the working age population had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, appointments were available until 7.40 pm one evening per week and urgent appointments were available every day (Monday to Friday).
- 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. There was a good uptake for both health checks and health screening.

**Good**



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

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- There were arrangements in place to allow people with no fixed address to register or be seen at the practice.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- Annual health checks for people with a learning disability were carried out.
- There was up to date information available in the waiting area informing patients about various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies.

**Good**



## **People experiencing poor mental health (including people with dementia)**

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

**Good**



# Summary of findings

- The percentage of patients with diagnosed poor mental health who had a comprehensive agreed care plan in the last 12 months was 100%. This was higher than the national average of 88.5%.
- The percentage of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months was 100%. This was higher than the national average of 84.0%.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- There was up to date information available in the waiting area informing patients about 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 including dementia.

# Summary of findings

## What people who use the service say

The results of the national GP patient survey published on 2 July 2015 showed the practice was performing in line with local and national averages. The response rate for the survey was 18.4% (434 survey forms were distributed and 80 forms were returned).

- 99.1% of patients found it easy to get through to this surgery by phone compared to a CCG average of 73.4% and a national average of 73.3%.
- 92.3% of patients were able to get an appointment to see or speak to someone the last time they tried compared to a CCG average of 80.9% and a national average of 85.2%.
- 84.5% of patients described the overall experience of their GP surgery as good compared to a national average of 84.9%.

- 75.1% of patients said they would recommend their GP surgery to someone new to the local area compared to a national average of 79.1%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 44 comment cards which were positive about the standard of care received from the GPs and nurses. Patients described the service as excellent, caring and helpful.

We spoke with seven patients during the inspection. Patients told us they were happy with the care they received and thought staff were approachable, committed and caring.

Results from the monthly Friends and Family survey were also positive.

# Plumbridge Medical Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

A CQC Lead Inspector. The team included a GP specialist adviser and an Expert by Experience.

## Background to Plumbridge Medical Centre

Plumbridge Medical Centre is situated in purpose-built accommodation in a mainly residential area of Greenwich, London, in the Royal Borough of Greenwich. Greenwich Clinical Commissioning Group (CCG) are responsible for commissioning health services for the locality.

The practice has 2284 registered patients. The practice age distribution differs from the national average. The practice has a larger than average patient population for 20 - 35 year age group and a lower than average population over 65 years.

The practice is registered with the CQC as a partnership but is currently providing services as an individual provider and in the process of re-registration with the CQC. Services are provided from one location at 32 – 33 Plumbridge Street, Greenwich SE10 8PA. Services are delivered under a General Medical Services (GMS) contract. The practice is registered with the CQC to provide maternity and midwifery services; treatment of disease, disorder and injury and diagnostic and screening procedures.

Services are provided by the lead GP (female); a male sessional GP (2 sessions per week) and a female locum GP (1 session per week). There are also two part-time Practice Nurses (0.2 wte and 0.1 wte). There is a Practice Manager (0.8 wte) and four part-time reception staff.

Although the practice is not a training or teaching practice they occasionally mentor medical students.

The surgery is open between 08.00 and 18.30 hours Monday to Friday. With extended hours provided on Monday until 20.00 hours.

Pre-booked and urgent appointments are available with the GP Tuesday to Friday from 09.00 to 18.30 hours and on Monday from 09.00 to 19.40 hours. Pre-booked appointments are available with the nurse between 09.00 and 15.00 hours on Friday and 14.30 to 18.30 on Tuesday.

When the surgery is closed the out of hours GP services are available via NHS 111.

A practice leaflet was available and the practice website [www.plumbridgemedicalcentre.nhs.uk](http://www.plumbridgemedicalcentre.nhs.uk) included details of services provided by the surgery and within the local area.

## 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.

# Detailed findings

## How we carried out this inspection

We carried out an announced comprehensive inspection on 27 January 2016. Before carrying out the inspection we reviewed a range of information we hold about the practice and asked other organisations to share what they knew.

During our visit we:

- Spoke with a range of staff including the Lead GP (Registered Manager), sessional GP, Practice Nurse, Practice Manager and Receptionists.
- Spoke to patients who used the service and a representative from the 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 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 we looked at 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 (QOF) data, this relates to the most recent information available to the CQC at that time.

# Are services safe?

## Our findings

### Safe track record and learning

There was an effective system in place for reporting and recording significant events which the practice considered could affect how they provided safe and effective care. The lead GP and Practice Manager carried out an analysis of the significant events and recorded action taken and learning to be shared with staff. There was a reporting form available and staff told us they would inform the practice manager of any incidents and complaints and that learning from incidents were shared with staff. However the need to formally record incidents was based on an assessment of the severity of the incident. Records were not kept of minor incidents and complaints.

We reviewed safety records and incident reports. Learning from incidents was shared to make sure action was taken to improve safety in the practice. For example, the practice carried out a review of the management of a young adult patient diagnosed with cancer to ensure appropriate care was provided. A review of the practice repeat prescribing procedures was also carried out for benzodiazepines (a medicine for anxiety) in order to improve the safety of prescribing within the practice.

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. We saw that the practice adhered to the recommended timescales for responding to patient complaints.

### Overview of safety systems and processes

The practice had clearly defined and embedded safeguarding systems, processes and practices to keep patients safe from abuse.

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation. 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. The lead GP was the safeguarding lead for the surgery. The practice always provided reports when requested for other agencies.

Staff demonstrated they understood their responsibilities and all had received training relevant to their role. All clinical staff were trained to Safeguarding level 3.

- A notice in the waiting room and in the practice leaflet advised patients that chaperones were available if required. A chaperone policy and procedure was available for staff to follow and all staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy and well maintained. The Lead GP was the infection control lead with the support of the Practice Nurse 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 clinical staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address improvements identified. For example, a requirement of the latest infection control audit stated the need for latex-free gloves and a cool box for temporary storage of vaccinations. Both of these requirements had been addressed.
- The arrangements for managing medicines, including emergency drugs and vaccinations, kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. However, blank prescription pads were not always stored in a locked cupboard when not in use and records were not kept of batch numbers of blank prescriptions placed in individual printers.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines and vaccinations 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).

## Are services safe?

- We reviewed personnel files and found appropriate recruitment checks had been undertaken prior to employment. The practice had a comprehensive Recruitment Policy which was followed. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service were carried out.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception area which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly and annual calibration was carried out as appropriate. 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 (COSHH) and infection control and legionella assessments. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all staffing groups to ensure that enough staff were on duty.

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the electronic clinical records system to alert staff if assistance was required in an emergency.
- All clinical staff received basic life support (BLS) training annually and administrative staff received training every two years. However, in line with current guidance administrative staff should also receive annual BLS training.
- Oxygen was available with adult and children's masks. A first aid kit and accident book were available. However, a defibrillator was not available. A risk assessment had been carried out which stated that the practice, in collaboration with a neighbouring care provider planned to purchase a defibrillator within the next six months. In the meantime the practice would rely on the response from emergency services.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and the details of the temporary relocation site.

# 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. New guidelines were discussed at clinical team meetings.
- The practice monitored that guidelines were followed through 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 (2014/15) showed that the practice achieved 87.7% of the total number of points available which is comparable with both the CCG and national average. The practice exception reporting rate of 1.9% was below the CCG average of 5.7% and national average of 7.7%. (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 could not be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets. QOF data from 2014/15 showed:

- Performance for diabetes related indicators was 70.9% which was lower than the CCG average of 81.2% and the national average of 89.2%. The practice were aware of the need to improve performance in this area and had implemented plans to address this.
- The percentage of patients with hypertension having a blood pressure reading within acceptable limits in the preceding 12 months was 83.4%. This was similar to the CCG average of 81.3% and national average of 83.6%.

- Performance for mental health related indicators was 88.5% which was similar to the CCG average of 90.2% and national average of 92.8%.

### Clinical audits demonstrated quality improvement

Two clinical audits had been completed in the last two years where the improvements made were implemented and monitored and findings were used by the practice to improve services.

- One of these was a completed audit aimed at increasing the diagnosis of dementia within the practice. High risk patients were identified and invited in for screening using the GPCOG (The General Practitioner assessment of Cognition) dementia screening tool. Of the 41 patients screened, 11 patients were found to have a low GPCOG score and were referred to the Memory Clinic. Some patients were still awaiting completion of investigations but two additional patients with a diagnosis of dementia were identified through the screening process. As a result the practice had continued with the screening process and ongoing audit.
- A second audit aimed to increase the number of patients with diabetes in whom the last HbA1c measurement was less than 59 mmol/mol. A multidisciplinary approach was used to review patients on the register and more frequent reviews were carried out. Following a second audit clinical data showed a slight improvement. The practice plan to continue with more frequent reviews and reaudit again in 12 months.

### Effective staffing

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

- The practice had an induction programme for newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for staff, for example, for those reviewing patients with long-term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could

# Are services effective?

## (for example, treatment is effective)

demonstrate how they stayed up to date with changes to the immunisation programmes, for example, by access to on-line resources and discussion with colleagues.

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness.

### 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.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- A range of information such as NHS patient information leaflets and information on support services were available in the waiting area and on the practice website.
- 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 ongoing care and treatment. This included when patients moved between services, when they were referred and after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a regular basis and that care plans were routinely reviewed and updated.

### Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent, in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or Nurse would assess the patient's capacity and record the outcome of the assessment.

### 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 and those requiring advice on their diet, smoking and alcohol cessation and recently bereaved patients. Advice and signposting to relevant services was available.

The practice's uptake for the cervical screening programme was 78.9%, which was comparable to the CCG average of 82.0% and the national average of 81.8%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by following up non-attenders with test reminders. They also ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening and actively encouraged patients who had failed to attend.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 55.6% to 57.8% and five year olds from 64.7% to 67.6%.

The flu vaccination rate for patients aged 65 and over was 75.74% which was comparable to the national average of 73.24%. The flu vaccination rate for risk groups was 75.38% which was higher than the national average of 57.99%.

Patients had access to appropriate health assessments and checks. These included NHS health checks for people aged 40 – 74 years. Appropriate follow-up action for the outcomes of health assessments and checks were made where abnormalities or risk factors were identified.

## Are services effective?

(for example, treatment is effective)

The practice was participating in the Year of Care (YoC) initiative for patients with long-term conditions. The Lead

GP and practice nurse had undertaken training to provide this service. (The YoC is about improving care for people with long-term conditions and supporting them to self-manage).

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

We observed members of staff were courteous and helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations. Conversations taking place in these rooms could not be overheard.
- We were told that if reception staff observed that a patient appeared distressed or wished to discuss confidential matters they would offer to take them to a private room.

We received 44 Care Quality Commission patient comment cards, the majority of which were positive about the care received. Most patients stated that they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect. Two patients reported problems with obtaining repeat prescriptions and one patient felt the reception staff were curt and dismissive.

We spoke with a representative from the patient participation group. They told us that the service provided was excellent. They told us that the GPs were very thorough and that staff were helpful. They felt the practice was responsive to feedback, both positive and negative.

Results from the national GP patient survey published on 2 July 2015 indicated that patients considered they were treated with compassion, dignity and respect. The practice satisfaction scores on consultations with GPs and nurses was comparable with the CCG and national average. For example:

- 84.8% said the GP was good at listening to them compared to the CCG average of 84.7% and national average of 88.6%.
- 86.9% said the GP gave them enough time compared to the CCG average of 81.2% and national average of 86.6%.

- 93.1% said they had confidence and trust in the last GP they saw compared to the CCG average of 92.6% and national average of 95.2%.
- 84.1% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 79.7% and national average of 85.1%.
- 87.2% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 84.4% and national average of 90.4%.
- 94.7% said they had confidence and trust in the last nurse they saw compared to the CCG average of 93.9% and national average of 97.1%.
- 90.8% said they found the receptionists at the practice helpful compared to the CCG average of 87.8% and national average of 86.8%.

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

We spoke to patients who told us that they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.

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

- 88.1% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 79.8% and national average of 86.0%.
- 86.0% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 75.6% and national average of 81.4%.
- 88.3% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 78.9% and national average of 84.8%.

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 and on the practice

## Are services caring?

website informing patients this service was available. The majority of the languages spoken by the practice population were also spoken by the reception staff and GPs.

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

There were posters and leaflets in the waiting room and reception area which provided information for patients on how to access a number of support groups, organisations and services such as mental health services, young peoples sexual health services and bereavement support.

The practice's computer system alerted GPs if a patient was also a carer. Information was available to direct carers to the various avenues of support available to them.

The GP told us that if families had suffered bereavement they would be contacted by telephone. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs or by giving them advice on how to find a support service.

# 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 population and engaged with the Clinical Commissioning Group (CCG) to improve services for patients in the area. The lead GP and Practice Manager attended regular CCG meetings.

- The practice offered appointments until 7.40 pm on Mondays for working patients
- Longer appointments were available for patients with a learning disability and for patients who requested additional time to discuss complex issues.
- Home visits were available from the GP for older patients and patients who would benefit from these.
- Patients were able to obtain travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities and translation services available.
- Bereavement support was available directly from the practice or through signposting to external support services.
- Same day appointments were available for all patients that requested one.

### Access to the service

The practice was open between 08.00 and 18.30 hours Monday to Friday. With extended hours provided on Monday until 20.00 hours.

Appointments were available with the GP from 09.00 to 18.30 hours Tuesday to Friday and from 09.00 to 20.00 hours on Monday. Urgent appointments were available daily for patients that requested them.

Pre-bookable appointments could be booked up to six weeks in advance. These appointments could be booked by telephone, via the website or in person at reception.

Patients could contact the surgery for advice by telephone. Although there was no formal triage system all requests for telephone advice were responded to on the day.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable with or higher than the CCG and national average.

- 63.4% of patients felt that the surgery was open at times that were convenient compared to the CCG average of 69.2% and national average of 73.8%.
- 99.1% patients said they found it easy to get through to the surgery by phone compared to the CCG average of 73.4% and national average of 73.3%.
- 50.0% of patients said they always or almost always see or speak to the GP they prefer compared to the national average of 36.9%.
- 92.3% of patients said they were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 80.9% and national average of 85.2%.

### Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns. The 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. Complaints and concerns were taken seriously and improvements in care were made as a result. We saw that information was available to help patients understand the complaints system.

We looked at five complaints received in the last 12 months and found that these were satisfactorily handled and dealt with in a timely manner. Openness and transparency was maintained when dealing with the complaints and appropriate action was taken to improve the quality of service provision. For example, a complaint was received regarding the limited knowledge of vaccinations by reception staff. The practice therefore placed a wall chart in reception giving details of all available vaccinations including travel vaccines. This provided the necessary information for patient and staff reference.

# 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 a high quality and compassionate service which promoted the best possible outcomes for patients. The staff we spoke to understood and fully supported this vision.

### Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. Practice specific policies and procedures were implemented and were available to all staff which ensured that there was:

- A clear staffing structure and that staff were aware of their own roles and responsibilities.
- A comprehensive understanding of the performance of the practice
- A programme of continuous clinical and internal audits to monitor quality and to make improvements.
- Robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership and culture

There was a clear leadership structure in place and staff felt supported by management. The provider had the experience, capacity and capability to run the practice and ensure high quality care was provided. They prioritised safe, high quality and compassionate care.

Staff we spoke to felt there was an open culture within the practice and they had the opportunity to raise concerns. Staff told us they felt confident in doing so and felt supported if they did.

The Lead GP was visible in the practice and staff told us that they were approachable and always took the time to listen to members of staff. Regular team meetings were held and staff told us that they felt they could raise issues of concern and that they were involved in discussions about how to develop the practice.

The provider was aware of and complied with the requirements of the Duty of Candour. They encouraged a culture of openness and honesty. 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 tried to engage patients in the development of services.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met every three months although attendance was limited. Minutes of the meetings were recorded and were available for all patients to view. We spoke to a representative of the PPG who told us that they felt valued by the provider and that they were responsive to their suggestions for improvements or changes within the surgery. For example, following suggestions from the PPG there was now a dietician available monthly on the premises with consideration being given to increase this. Also, reception staff had undertaken training in customer care following feedback from the PPG that the attitude of some reception staff as not acceptable.
- The practice regularly reviewed the monthly report of the Friends and Family survey results to inform improvement plans.
- Staff told us they felt involved and engaged to improve how the practice was run.

### Continuous improvement

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 Year of Care (YoC) initiative promoted by the CCG.