

Dulwich Medical Centre

Quality Report

163-169 Crystal Palace Road, East Dulwich, SE22 9EP

Tel: 02086932727

Website: www.dmchealthcare.co.uk

Date of inspection visit: 11 August 2016

Date of publication: 14/12/2016

This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this service	Good	
---------------------------------	------	---

Are services safe?	Good	
--------------------	------	---

Are services effective?	Good	
-------------------------	------	---

Are services caring?	Good	
----------------------	------	---

Are services responsive to people's needs?	Good	
--	------	---

Are services well-led?	Good	
------------------------	------	---

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	10

Detailed findings from this inspection

Our inspection team	11
Background to Dulwich 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 on 11 August 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- The practice had two vacant GP posts, and their analysis of GP capacity had found they were regularly failing to fill GP sessions. The practice had taken action to mitigate risks to patients by employing additional health care staff.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Some patients said they found it difficult to book appointments. The practice had introduced a new appointment system in April 2016 and were monitoring patient feedback about the new system.
- There was continuity of care for patients, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvements are:

- Continue to monitor and take action to improve patient satisfaction with making appointments.
- Review how they identify carers so they are able to offer appropriate support.

Summary of findings

- Ensure that quality improvement initiatives including audits clearly demonstrate learning and improvement.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

The practice had two vacant GP posts, and their analysis of GP capacity had found they were regularly failing to fill GP sessions. The practice had mitigated the risk of patients being unable to access the service by recruiting a paramedic to assist in the assessment of urgent requests for home visits, and additional nurse, a musculo-skeletal specialist nurse and two additional pharmacists in the previous year.

Are services effective?

The practice is rated as good for providing effective services.

Good



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

Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Some patients said they found it difficult to book appointments. The practice had introduced a new appointment system in April 2016 and were monitoring patient feedback about the new system.
- There was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff.

Are services well-led?

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

Good



- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- The practice had identified a lack of GP staff and associated shortfalls of GP sessions at the practice. They had conducted a capacity planning review and made proactive efforts to recruit new GP staff, as well as employing other clinical staff to mitigate risks to patients.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.

Summary of findings

- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active and the practice shared information with the PPG about successes and challenges they faced.
- There was a focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management.
- One of the practice GPs and one of the nurses had completed a foundation course in diabetes care from Warwick Medical School.
- The practice had hosted a diabetes “catch up” clinic with a GP, nurse and healthcare assistant, at which 45 patients attended for health checks and advice.
- The practice had given a presentation to the GP staff about diabetes management, based on national institute of clinical excellence (NICE) guidelines.
- Pharmacy staff had lead roles to monitor patients who were at risk of hospital admission. These patients were identified as a priority and were contacted after admission and invited to attend an appointment with the GP.
- Performance for diabetes related indicators was comparable to the Clinical Commissioning Group (CCG) and national averages. For example, 69% of patients had well-controlled diabetes, indicated by specific blood test results, compared to the CCG average of 75% and the national average of 78%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

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

Good



Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- The practice employed a midwife who provided an antenatal clinic on Mondays and Saturdays, as well as one to one support to patients.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 84%, which was comparable to the CCG average of 80% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

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

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

Good



People whose circumstances may make them vulnerable

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

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

Good



Summary of findings

- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

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).

- Performance for mental health related performance indicators, based on data from 2014/2015, was below the CCG and the national averages. The practice had taken steps to improve their performance in this area by delegating responsibility for specific performance measures to members of the clinical team as well as hosting weekend clinics, and unpublished data showed that performance had improved.
- The practice employed a community psychiatric nurse who provided a specialist service and home visits for patients experiencing poor mental health.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published on 7 July 2016. The results showed the practice was performing below local and national averages. Three-hundred and seventy one survey forms were distributed and 97 were returned. This represented 1% of the practice's patient list.

- 30% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 76% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 85%.
- 50% of patients described the overall experience of this GP practice as good compared to the national average of 78%.

- 38% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 40 comment cards of which 35 positive about the standard of care received.

We spoke with ten patients during the inspection. All ten patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Four of the patients we spoke to said they sometimes found it difficult to get an appointment.

Dulwich Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser and a practice manager specialist adviser.

Background to Dulwich Medical Centre

Dulwich Medical Centre is part of Southwark Clinical Commissioning Group (CCG) and serves approximately 10340 patients. The practice operates from purpose built premises owned by the provider. The service is based over two floors with a total of 6 consultation rooms, and all ground floor rooms are accessible to those with mobility problems or those in wheelchairs.

The practice population has a large number of working age people aged between 30 and 45, a large number of children aged below 10 and lower proportion of elderly people than the national average. The practice is located in an area ranked sixth most deprived decile on the index of multiple deprivation with a lower percentage of unemployment than the national average.

The practice is run by Dulwich Medical Centre, a partnership of two GPs. The practice also has four salaried GPs (two male and two female) and there are a total of 30 GP sessions per week. The practice has two salaried GP vacancies. The practice employs three female practice nurses, one community psychiatric nurse, three primary care pharmacists and one healthcare assistant.

The practice is open between 8am and 6.30pm Monday to Friday and appointments are available throughout the day.

Extended hours appointments were offered from 6.30pm to 7pm. The practice offers pre-booked and emergency appointments five days per week. Patients are directed to contact the local out of hour's provider when the surgery is closed.

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

The practice is registered with the CQC for the following regulated activities: treatment of disease, disorder or injury; surgical procedures; diagnostic and screening procedures; maternity and midwifery services and family planning.

Why we carried out this inspection

We undertook a comprehensive inspection of Dulwich Medical Centre on 11 August 2016. This is because the service had been identified as not meeting some of the legal requirements and regulations associated with the Health and Social Care Act 2008. From April 2015, the regulatory requirements the provider needs to meet are called Fundamental Standards and are set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Specifically breaches of regulation 12(1) Safe care and treatment regulation 17 (2) Good governance and regulation 18 Staffing of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was identified.

During the previous comprehensive inspection carried out on 5 November 2015 we found:

- The practice had not responded to patient feedback on the level of service, particularly regarding the availability of appointments.

Detailed findings

- The practice not carried out a Disability Discrimination Act audit to identify whether or not all reasonable adjustments to the premises had been made for wheelchair users and those with limited mobility.
- The practice was required to make improvements in their systems for monitoring emergency medicines, and assessing substances that may potentially be hazardous to health in line with the Control of Substances Hazardous to Health Regulations (COSHH; 2002)

The practice had not ensured that all members of staff were engaged in a formal appraisal and development process.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 11 August 2016.

During our visit we:

- Spoke with a range of staff including the practice partner, salaried GPs, the nurse, midwife, pharmacist, practice manager, reception and administrative staff. We also spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.

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

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- Evidence was seen that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again. An example was given where the practice followed up a concern from a patient who had not heard from their hospital following a referral. The practice found the delay was due to an administrative error at the hospital, they contacted the patient with an apology for the delay and offered a face to face meeting at the practice.
- The practice carried out a thorough analysis of the significant events, which were discussed in weekly clinical meetings and shared with other services in multidisciplinary team meetings. An example was given of a vaccine fridge being found outside the optimal temperature range of 2-8 degrees. The practice followed its protocol for safe management of vaccines and as a result of the incident they attached a copy of this protocol to all the fridges, which included measures to check that vaccines were still safe.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, a staff member arriving at the practice had found the premises to be unlocked, presenting a security risk. The practice responded by introducing a "lock down" procedure and checklist for daily completion by the last member of staff to leave the building.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding.
- The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies, minutes of these meetings were seen. Evidence was seen of appropriate referrals being made where the practice was concerned about a child or vulnerable adult. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. An example was seen of a child protection concern arising in the practice, the GP and community psychiatric nurse both met with relevant parties, and the practice engaged with the police, social services and the local multi agency safeguarding hub. In another example the practice intervened to ensure the local safeguarding team were aware of a concern about a child who had recently moved to the area.
- Reception staff told us that they were made aware of safeguarding concerns about patients and would alert clinical staff if a vulnerable patient was attending the practice.
- The practice kept a safeguarding register and alerts had been set up on patient records.
- GPs were trained to child protection or child safeguarding level 3, nurses to level 2 and administrative staff to level 1. All staff had received adult safeguarding training.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

Are services safe?

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. The most recent infection control audit was dated August 2016.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. The practice pharmacists were independent prescribers and could therefore prescribe medicines for specific clinical conditions. They received additional training from the provider, and mentorship and support from the medical staff for this role.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment). Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- We reviewed 6 personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

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

Arrangements to deal with emergencies and major incidents

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

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

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 80% of the total number of points available, compared to the national average of 95%, with an exception reporting rate of 6% (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was an outlier for mental health related indicators. Data from 2014/2015 showed:

- Performance for diabetes related indicators was comparable to the Clinical Commissioning Group (CCG) and national averages. For example, 69% of patients had well-controlled diabetes, indicated by specific blood test results, compared to the CCG average of 75% and the national average of 78%.
- The number of patients who had received an annual review for diabetes was 80% compared to the CCG average of 85% and the national average of 88%.
- Performance for mental health related indicators was below the CCG and the national averages. For example, 66% of patients with schizophrenia, bipolar affective

disorder and other psychoses had a comprehensive, agreed care plan documented in the record in the preceding 12 months, compared to the CCG average of 85% and the national average of 88%.

- The number of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 46%, compared to the CCG average of 80% and the national average of 84%.

The practice was aware that its QOF performance from 2014/2015 was lower than the clinical and national averages in a number of areas. They had addressed this by delegating responsibility for individual measures to different members of the clinical team based on their role. They told us that this had a beneficial effect of the whole staff team being involved in practice performance. They had also introduced weekend clinics with the GP, nurse, midwife and pharmacists for those patients who were unable to attend for reviews and check ups during the week. Additionally home visits were combined with the district nurse to improve healthcare review management.

Unpublished and unverified QOF data seen at the inspection for the year 2015/2016 indicated that the practice had improved its performance for all clinical targets including mental health indicators, with an overall projected achievement of 99%.

There was evidence of quality improvement including clinical audit.

- There had been four clinical audits carried out in the last two years, one of these was a completed two cycle audits where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, an audit was carried out of patients who had been prescribed disease-modifying antirheumatic drugs (DMARDs). DMARDs are a group of medicines commonly used in patients with rheumatoid arthritis. The audit identified 52 patients who were coded by the practice as higher risk patients requiring regular monitoring. These patients were reminded to attend the surgery for influenza vaccine, blood test monitoring and eye tests where appropriate, and the practice liaised with the local hospital to ensure care plans were in place and referrals to the hospital rheumatology nurse were made.

Effective staffing

Are services effective?

(for example, treatment is effective)

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice had vacancies for two full time for GPs at the time of the inspection, and told us that they had found it difficult to recruit to these posts. Although they had employed locum GPs to cover these vacancies, they had not always been able to provide sufficient GP sessions for their patients. The practice had mitigated the risk of patients being unable to access the service by recruiting a paramedic to assist in the assessment of urgent requests for home visits, and additional nurse, a musculo-skeletal specialist nurse and two additional pharmacists in the previous year. The practice also employed a community psychiatric nurse, a midwife and a healthcare assistant.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, reception staff had received training in customer care and coping with stressful situations.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- Risk stratification tools were used to identify those at risk of developing long term conditions.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services. The practice used electronic "local care records" which enabled them to share information with local out of hours and acute services.
- An example was seen of a patient who frequently contacted the emergency services, and the practice had arranged for a district nurse to conduct a series of home visits to the patient which helped avoid future hospital admissions.

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

Consent to care and treatment

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

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

Supporting patients to live healthier lives

Are services effective?

(for example, treatment is effective)

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- Patients were able to access the Musculo-skeletal (MSK) nurse outpatient physiotherapy service at a nearby practice.
- A dietician was available on the premises and smoking cessation advice was available from a local support group.

The practice's uptake for the cervical screening programme was 84%, which was comparable to the CCG average of 80% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample

taker was available. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 79% to 92% compared to the CCG rates of 82% to 94%, and five year olds from 83% to 97% compared to the CCG rates 78% to 94%.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

Of the 40 patient Care Quality Commission comment cards we received, 35 were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Some patients told us they found it difficult to book an appointment.

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

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

- 88% of patients said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG) average of 85% and the national average of 89%.
- 78% of patients said the GP gave them enough time compared to the CCG average of 82% and the national average of 87%.
- 98% 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%.
- 81% 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%.

- 72% 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%.
- 75% last time of patients said they found the receptionists at the practice helpful compared to the CCG average of 85% and the national average of 87%.

The practice had been aware of low satisfaction scores in the GP patient survey relating to receptionists, and told us that this was partly due to difficulties with patient access to appointments which they had taken steps to address.

The practice had created the role of the patient liaison officer to assist patients with non clinical queries and complaints. Two patient liaison officers were employed who kept a log of patient interactions including verbal complaints, compliments, comments made on feedback forms or the Friends and Family Test forms and queries about online access. Where appropriate the patient would be contacted with an apology or advice and the discussion would be recorded on the log. The practice used this information to identify any recurring trends in patient feedback, and took action, for example in making changes to its appointment system.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

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

- 87% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 82% and the national average of 86%.
- 74% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 77% and the national average of 82%.

Are services caring?

- 68% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 80% and the national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language, and interpreters could be booked to attend with a patient. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.

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 support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 16 patients as carers (less than 1% of the practice list). The practice nurse carried out carers assessments where possible during reviews of patients with dementia. Written information was available to direct carers to the various avenues of support available to them. The practice told us that the low number of carers identified was partly due to advice and support being offered by their patient liaison officers but these patients were not formally identified as carers. The practice offered flexible working arrangements to staff members who had a carer role.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service. The GPs attended the local palliative care board at which patients' care plans and preferred place of death would be discussed. Information about bereavement services was on display in the practice reception and available on the practice website.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice. Home visits were also available for people experiencing poor mental health and a home visit protocol was on display in the staff room.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.
- Homeless people were able to register with the practice, and an example was given of one person who did not wish to register but was signposted to local health services where they could access immediate care.

Access to the service

The practice was open between 8am and 7pm Monday to Friday and appointments were available throughout the day. GP and nurse led clinics were available every Saturday between 9am and 1pm. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

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

- 62% of patients were satisfied with the practice's opening hours compared to the CCG average of 73% and the national average of 76%.
- 30% of patients said they could get through easily to the practice by phone compared to the CCG average of 73% and the national average of 73%.

The practice was aware that patient satisfaction with access to the service was low, particularly with same day appointments. They had analysed their patient population and identified a high proportion of people with young families, and working people. These patients created a high demand for same day appointments and appointments at convenient times for those with childcare and work commitments. The practice had taken steps to address this demand:

- A new appointment system was put in place in April 2016 for which the percentage of appointments available to be booked on the day was increased from 30% to 60% of all appointments. All requests for same day appointments were triaged by a duty doctor, this would result in a telephone consultation, a booking at the local emergency primary care access clinic or a face to face appointment at the practice.
- The online appointment system was expanded to allow patients to book in advance with the practice nurse, community psychiatric nurse, pharmacist, midwife and health care assistant.
- The new appointment system was advertised with patient leaflets, signs in the reception area and information on a monitor above reception. We saw some examples from the NHS Choices website and the practice's own analysis of the Friends and Family test from June 2016 that patients were responding positively to the new appointment system.
- The practice had carried out a monthly telephone access from March 2016 which showed an improvement in unmet need for same day appointments but a reduction in unmet need for routine appointments.

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

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.

These assessments were made by the duty doctor who would triage all requests for same day appointments, requests for urgent appointments were prioritised. 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.

Are services responsive to people's needs?

(for example, to feedback?)

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system and this was on display in the reception area.

We looked at six complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way, and with openness and transparency. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken as a result to improve the quality of care. For example, several complaints relating to patient access to appointments had resulted in several changes to the appointment booking system and an increase in the reception staff in the morning.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- The practice had identified a lack of GP staff and associated shortfalls of GP sessions at the practice. They had conducted a capacity planning review and made proactive efforts to recruit new GP staff, as well as employing other clinical staff such as pharmacists and a paramedic as an interim measure.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements in place for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

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

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

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

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. We noted team away days were held every six months.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the practice had adapted their car park to make it more accessible to disabled patients following discussion with the PPG.
- The practice had delivered a presentation to the PPG regarding the actions they had taken following the previous CQC inspection of the practice. This included

Are services well-led?

Good 

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

an analysis of demand and capacity for appointments, improvements in their Quality and Outcomes Framework performance and audits of their telephone answering and unmet requests for appointments.

- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

- Positive patient feedback identified by the patient liaison officers was shared with the practice, and concerns arising from patient feedback were acted on.

Continuous improvement

There was a focus on learning and improvement within the practice, for example by supporting two clinical staff to complete a foundation course in diabetes care. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. The practice had approached local practices for advice on improving their appointment system.