Charlton House Medical Centre

Quality Report

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

Ratings

Overall rating for this service	Good
Are services safe?	Good
Are services effective?	Requires improvement
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Charlton House Medical Centre on 12 January 2015. Overall the practice is rated as good.

Specifically, we found the practice to be good for providing safe,caring, responsive and well led services. The practice was found to require improvement for providing an effective service. It was also good for providing services to older people, people with long term conditions, families, children and young people, those of working age (including those recently retired and students), people whose circumstances may make them vulnerable and people experiencing poor mental health (including people with dementia).

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Risks to patients were assessed and well managed.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training needs had been identified and planned.
- 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.
- 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.

However there were areas of practice where the provider needs to make improvements.

Importantly the provider should:

Summary of findings

- Continue to develop the Patient Participation Group (PPG) to enable it to be representative of the patient population and make a valid contribution to the practice;
- Ensure clinical audit cycles are completed as planned and results used to drive improvements in patient outcomes;

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?

Good

The practice is rated as good for providing safe services. Staff understood and fulfilled their responsibilities to raise concerns, and report incidents and near misses. Lessons were learned and communicated widely to support improvement. Information about safety was recorded, monitored, reviewed and addressed. Risks to patients were assessed and well managed. There was enough staff to keep patients safe. The practice had systems in place to ensure patients were safe including safeguarding and chaperone procedures, and processes to ensure medicines were correctly handled. Risks to patients who used the service were assessed. The systems and processes to address risks to patients were always implemented to keep patients safe. For example routine cleaning spot checks that were recorded and fed back to the cleaning company. However we found that the portable appliance testing (PAT) was in need of renewal.

Are services effective?

Requires improvement

The practice is rated as requires improvement for providing effective services, as there are areas where improvements should be made. Data showed patient outcomes were at or below average for the locality. For example the practice had a 70% rate for cervical smear tests which was below the Clinical Commissioning Group average of 81%. However the practice vaccinated 93.3% for pneumococcal infection which was higher than the CCG average of 91.1%. Knowledge of and reference to national guidelines were consistent. There were no completed audits of patient outcomes; however dates for follow up audits were present. We saw some evidence that audit was driving improvement in performance to improve patient outcomes but the practice were still working through areas identified in the first round of audits and no improvement data was available.

Are services caring?

Good

The practice is rated as good for caring. Data showed patients rated the practice higher than others for several aspects of care. For example 69% of patients said that the nursing staff were good at involving them in their care, which was above the Clinical Commissioning Group (CCG) average of 58%. Patients said they were treated with compassion, dignity and respect and they were

Summary of findings

involved in care and treatment decisions. Accessible information was provided to help patients understand the care available to them. We saw that staff treated patients with kindness and respect ensuring confidentiality was maintained

Are services responsive to people's needs?

Good

The practice is rated as good for responsive. The practice reviewed the needs of their local population and engaged with the local Clinical Commissioning Group (CCG) to secure service improvements where these were identified. Patients reported that they were happy with access to the practice. A named GP was given to those on the mental health long term conditions registers to provide continuity of care. Urgent appointments were available the same day. The practice had adequate facilities and was equipped to treat patients. However the practice was aware of the limitations of the building and were planning a move to new premises. There was an accessible complaints system with evidence demonstrating the practice responded quickly to issues raised. There was evidence of shared learning from complaints with staff and other stakeholders.

Are services well-led?

Good

The practice is rated as good for well-led. The practice had a clear vision and strategy to deliver. Staff were clear about the vision and their responsibilities in relation to this. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and regular governance meetings had taken place. There were systems in place to monitor and improve quality and identify risk. The practice sought feedback from staff and patients and this had been acted upon. The practice had an active Patient Participation Group (PPG); however this was not representative of all the patient population and the [practice had plans to raise the profile of the group and develop the group further.

Summary of findings

What people who use the service say

During our inspection we spoke with six patients at the surgery and collected 19 comment cards that had been completed by patients.

Patients were happy with the service provided and said that they were treated with respect and well cared for. Patients told us that they were involved in the decision making process regarding their treatment, and were given information about all the treatment options available to help them make their choices. Patients also said the reception staff were friendly and that the overall service had improved over the last few years.

Patients we spoke with who were receiving on-going treatment were happy with the way their care was being managed and they were kept informed at all times.

We viewed the national GP patient survey for 2014 and found that 94% of patients had confidence in the last GP they spoke with, which was above the Clinical Commissioning Group (CCG) average of 73%. The survey also showed that 71% said that the last GP they saw was good at giving them enough time which was in line with the CCG average. The survey also showed that 70% of patients said that the GP was good at involving them in their care, and 74% said that the GP was good at explaining test results and treatments, which were both above the Clinical Commissioning Group (CCG) average. The national patient survey also showed that 69% of patients said that the nursing staff was good at involving them in their care which was above the CCG average of 58%. The results from the practice's own satisfaction survey showed that 77% of patients said they were satisfied with the overall service at the practice.

Areas for improvement

Action the service SHOULD take to improve

- Continue to develop the Patient Participation Group (PPG) to enable it to be representative of the patient population and make a valid contribution to the practice;
- Ensure clinical audit cycles are completed as planned and results used to drive improvements in patient outcomes;

Charlton House Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead inspector. It included a GP advisor who was granted the same authority to enter Charlton House Medical Practice as the Care Quality Commission (CQC) inspector.

Background to Charlton House Medical Centre

Charlton House Medical Practice is a surgery located in the London Borough of Haringey. The practice is part of the NHS Haringey Clinical Commissioning Group (CCG) which is made up of 51 practices. It currently holds a General Medical Service (GMS) contract and provides NHS services to 6678 patients. The practice serves a diverse population with many patients attending for whom English is not their first language. The practice has a relatively small older population (6%) with 20% of the population under the age of 14. The practice is situated in its own premises and is arranged over two floors. Consulting rooms are available on the ground floor for those with a physical disability. Access for those who use a wheelchair is at the rear of the premises as the access between the reception area and the consulting rooms is not suitable for wheelchair access. There are currently three GP's (two male and one female), one practice nurse, a healthcare assistant, administrative staff and a practice manager.

The practice is open between 8.00am to 6.30pm Monday to Friday. Appointments are from 8:30am and 6:30pm with extended hours between 6.30pm and 7.30pm on a Tuesday. The practice has opted out of providing an out of hour's service and refers patients to the local out of hour's provider.

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

The practice provides a range of services including child health and immunisation, minor illness clinic, smoking cessation clinics and clinics for patients with long term conditions. The practice also provides health advice and blood pressure monitoring.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme. This provider was inspected in September 2014 and found it non-compliant with Regulation 15 (Safety and suitability of premises) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. At this inspection we found that steps had been made to address the non-compliance which included a renovation of the premises and the undertaking of a legionella risk assessment.

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 on 12 January 2015, as part of our regulatory functions. This inspection was planned to check whether the provider is

Detailed findings

meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of service, and to provide a rating for the service under the Care Act 2014.

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

How we carried out this inspection

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 are provided for specific groups of people and what good care looks 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)

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations including NHSE and Haringey Clinical Commissioning Group (CCG) to share what they knew. We carried out an announced visit on 12 January 2015. During our visit we spoke with a range of staff including GPs, practice nurse, practice manager and administration staff. We also spoke with patients who used the service. We reviewed 19 completed Care Quality Commission (CQC) comments cards where patients and members of the public shared their views and experiences of the service.

Good

Are services safe?

Our findings

Safe track record

The practice used a range of information to identify risks and improve quality in relation to patient safety. For example, reported incidents, national patient safety alerts as well as comments and complaints received from patients. Staff we spoke with were aware of their responsibilities to raise concerns, and how to report incidents and near misses. For example, an incident had occurred where patients received repeat prescriptions without attending a review with the GP due to staff shortages and the pressure of work. The incident had been recorded, learning shared and steps taken to minimise the chance of recurrence.

Learning and improvement from safety incidents

We reviewed safety records and incident reports and minutes of meetings where these were discussed for the last 12 months. This showed the practice had managed these consistently over this period of time.

The practice had a system in place for reporting, recording and monitoring significant events, incidents and accidents. Records were kept of significant events that had occurred during the last 12 months and these were made available to us. Significant events were discussed in practice meetings where the findings were disseminated to relevant staff and appropriate learning took place. Staff were aware of the system for raising issues to be discussed at the meetings and felt encouraged to do so.

We were shown the system used to manage and monitor incidents by the practice manager. We tracked four incidents and saw records were completed in a comprehensive and timely manner. We saw evidence of action taken as a result. For example following an upgrade of the computer system medical files were missing. The practice rectified this by installing a backup copy of the computer system and contacting other agencies such as the child protection team and health visiting teams to supply any information that was still missing from the computer records after the backup was installed. This was discussed at the practice meeting to emphasise the need to back up the computer system. Where patients had been affected by something that had gone wrong within the practice, they were given an apology and informed of actions taken which was in line with practice policy.

We found that safety alerts received from the NHS central alert system were disseminated to the appropriate staff and acted upon. For example, we saw that posters relating to a recent Ebola alert had been displayed within the practice. Records showed that the alert had been discussed by staff prior to the poster being displayed.

Reliable safety systems and processes including safeguarding

The practice had systems to manage and review risks to vulnerable children, young people and adults. Practice training records made available to us showed that all staff had received role specific training on safeguarding, with clinical staff trained to Level 3 child protection and non-clinical staff to Level 1. We asked members of both clinical and non-clinical staff about their most recent safeguarding training. Staff knew how to recognise signs of abuse in older people, vulnerable adults and children. They were also aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact the relevant agencies out of hours.

The practice had an appointed dedicated GP lead in safeguarding vulnerable adults and children. Staff were aware of the lead for safeguarding and who to speak to if they had a concern.

GPs were appropriately using the required codes on the electronic case management system to ensure risks to children and young people who were looked after or on child protection plans were clearly flagged and reviewed. The lead GP for safeguarding was aware of vulnerable children and adults and liaised with partner agencies and care staff such as social services and community health visitors. The GP attended six weekly multi-disciplinary child protection meetings and placed copies of reports within patient records.

There was a chaperone policy which was visible on the waiting room noticeboard and in consultation rooms (a chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure). The practice had one non clinical member of staff trained as a chaperone that had a Disclosure and Barring Service (DBS) check. The remaining non-clinical staff had not currently had a DBS check but

these had been applied for. These members of staff did not undertake chaperone duties. Once the DBS was received, the practice had a plan to train administrative staff to carry out chaperone duties and extend this service.

Medicines management

We checked medicines stored in treatment rooms and medicine refrigerators and found they were stored securely and were only accessible to authorised staff. There was a clear policy for ensuring that medicines were kept at the required temperatures and this described the action to take if the system failed. The practice staff followed the policy.

Processes were in place to check medicines were within their expiry date and suitable for use. All medicines we checked were within their expiry dates. Expired and unwanted medicines were disposed of in line with waste regulations.

The nurses and the health care assistant administered vaccines using directions that had been produced in line with legal requirements and national guidance. We saw up-to-date copies of both sets of directions and evidence that nurses and the health care assistant had received appropriate training to administer vaccines. A member of the nursing staff was qualified as an independent prescriber and she received regular supervision and support in her role as well as updates in the specific clinical areas of expertise for which she prescribed.

There was a protocol for repeat prescribing which was in line with national guidance and was followed by the practice. The protocol complied with the legal framework and covered all areas required. We were informed by staff that there had been issues of patients receiving repeat prescriptions without attending a review with the GP due to staff shortages and the pressure of work. However this matter had been addressed by the practice and the repeat prescribing protocol was reviewed at practice meetings.

Cleanliness and infection control

We observed the premises to be clean and tidy. We saw there were cleaning schedules in place and cleaning records were kept. Routine spot checks were undertaken and any issues found were logged and reported back to the external cleaning company. Patients we spoke with told us they always found the practice clean and had no concerns about cleanliness or infection control.

The practice had a lead for infection control and prevention who had undertaken further training to enable them to provide advice on the practice infection control policy and carry out staff training. All staff received induction training about infection control specific to their role and received annual updates. We saw evidence that the lead had carried out annual audits and that any improvements identified for action were completed on time. Minutes of practice meetings showed that the findings of the audits were discussed.

An infection control policy and supporting procedures were available for staff to refer to, which enabled them to plan and implement measures to control infection. For example, personal protective equipment including disposable gloves, aprons and coverings were available for staff to use and staff were able to describe how they would use these to comply with the practice's infection control policy. The policy also included instructions to deal with spillages of bodily fluids. There was also a policy for sharps injuries and staff knew the procedure to follow in the event of an injury.

Notices about hand hygiene techniques were displayed in staff and patient toilets. Hand washing sinks with hand soap, hand gel and hand towel dispensers were available in treatment rooms.

When we inspected in September 2014 we had found that legionella (a bacterium that can grow in contaminated water and can be potentially fatal) testing had not taken place, however we found on this inspection that the practice had a policy for the management, testing and investigation of legionella. We saw records that confirmed the practice was carrying out regular checks in line with this policy to reduce the risk of infection to staff and patients. The latest test for legionella took place in September 2014.

Equipment

Staff we spoke with told us they had sufficient equipment to enable them to carry out diagnostic examinations, assessments and treatments. They told us that all equipment was tested and maintained regularly and we saw equipment maintenance logs and other records that confirmed this. All portable electrical equipment was routinely tested and displayed stickers indicating the last testing date of January 2014. This test was in need of renewal at the time of inspection and was booked in for testing in February 2015. Following the inspection the practice confirmed that the tests took place. We saw

evidence of calibration of relevant equipment; for example weighing scales, spirometers, blood pressure measuring devices, nebulisers, pulse oxometers and the fridge thermometer.

Staffing and recruitment

Records we looked at contained evidence that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and criminal records checks for clinical staff through the Disclosure and Barring Service (DBS). Non-clinical staff had not received DBS checks but the practice was in the process of applying for checks on all non-clinical members of staff. The practice had carried out a risk assessment of staff to define whether a DBS was required and decided to ensure all staff had a DBS as a matter of course. The non-clinical member of staff that undertook chaperone duties had received a DBS check. The practice had a recruitment policy that set out the standards it followed when recruiting clinical and non-clinical staff.

Staff told us about the arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. We saw there was a rota system in place for the different staffing groups to ensure that enough staff was on duty. There was also an arrangement in place for members of staff, including nursing and administrative staff, to cover each other's annual leave. Newly appointed staff had this expectation written in their contracts.

Staff told us there were usually enough staff to maintain the smooth running of the practice and there were always enough staff on duty to keep patients safe. The practice manager showed us records to demonstrate that actual staffing levels and skill mix were in line with planned staffing requirements.

Monitoring safety and responding to risk

The practice had systems, processes and policies in place to manage and monitor risks to patients, staff and visitors to the practice. These included annual and six weekly checks of the building, the environment, medicines management, staffing, dealing with emergencies and equipment. The practice also had a health and safety policy. Health and safety information was displayed for staff to see and there was an identified health and safety representative.

The practice did not have a risk register. However when the practice identified a risk, an action plan would be developed and worked through until the risk was reduced. For example, mould patches were identified in the reception area. We were shown the action plan which outlined the plan to treat the mould and carry out decoration of the area. This was completed in the outlined timescale and the action plan closed. All action plans were discussed within clinical meetings.

Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to manage emergencies. We saw records showing all staff had received training in basic life support and anaphylaxis management. Emergency equipment was available including access to oxygen, pulse oxometers and defibrillator (used to attempt to restart a person's heart in an emergency). All staff knew the location of this equipment and records we saw confirmed these were checked regularly.

Emergency medicines were available in a secure area of the practice and all staff knew of their location. These included those for the treatment of cardiac arrest and anaphylaxis. Processes were also in place to check emergency medicines were within their expiry date and suitable for use. All the medicines we checked were in date and fit for use.

A business continuity plan was in place to deal with a range of emergencies on the daily operations of the practice. Risks identified in the plan included loss of telephone system, loss of access to computerised medical records, loss of power, unplanned sickness and access to the building. The document also contained relevant contact details for staff to refer to. A fire risk assessment and safety check was undertaken in March 2014.

Requires improvement

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The GPs and nursing staff we spoke with could clearly outline the rationale for their approaches to treatment. They were familiar with current best practice guidance, and accessed guidelines from the National Institute for Health and Care Excellence (NICE) and from local commissioners. These were accessed through the Clinical Commissioning Group (CCG) intranet pages which were available on all computers in the practice. We saw minutes of practice meetings where new guidelines were disseminated, the implications for the practice's performance and patients were discussed and required actions agreed. For example to counsel patients if carrying out blood tests for hepatitis B, C or HIV. The staff we spoke with and the evidence we reviewed confirmed that these actions were designed to ensure that each patient received support to achieve the best health outcome for them. We found from our discussions with the GPs and nurses that staff completed thorough assessments of patients' needs in line with NICE guidelines, and these were reviewed when appropriate.

The GPs told us that they lead in specialist clinical areas such as diabetes, chronic obstructive pulmonary disease (COPD) and asthma. The practice nurse supported this work which allowed the practice to focus on patients with these specific conditions. Annual reviews were carried out on all patients with long term conditions in line with best practice.

The practice referred patients to secondary care and other community services appropriately. Data showed that the practice was performing in line with Clinical Commissioning Group (CCG) standards on referral rates for all conditions.

The practice provided a new enhanced service (services which required an enhanced level of service provision above what is normally required under the core GP contract) to reduce unnecessary admissions to secondary care of 'at risk' patients. The practice was required to develop care plans for two percent of the practice population over 18 years. At the time of our inspection 107 of those identified had received a care plan which was 2.1% of the adult patient population. An alert system was in place for unplanned admissions to hospital and these patients were reviewed by the GP.

We saw no evidence of discrimination when making care and treatment decisions. Interviews with GPs showed that the culture in the practice was that patients were referred on need and that age, sex and race was not taken into account in the decision making process.

Management, monitoring and improving outcomes for people

Staff across the practice had key roles in monitoring and improving outcomes for patients. These roles included data input, scheduling clinical reviews, and managing child protection alerts and medicines management. The information staff collected was then collated by the practice manager and deputy practice manager to support the practice to carry out clinical audits.

The practice had achieved 78.5% in their Quality and Outcomes Framework (QOF) performance in the year ending April 2014 (QOF is a system to remunerate general practices for providing good quality care to their patients. The QOF covers four domains; clinical, organisational, patient experience and additional services). This figure was below the CCG average of 90.9% and below the national average of 93.5%. The practice looked at these figures and found that the low result was due to a coding issue by the previous management team. The practice was currently on track to achieve all their QOF points for the present year. QOF was discussed regularly in clinical meetings.

The practice showed us examples of four clinical audits that had been undertaken over the last year in line with CCG recommendations. These included a phosphodiesterase type 5 (PDE5) inhibitors audit where the practice audited those patients prescribed PDE5 inhibitors to ensure they were on the correct medication. The practice found that 22 of the 49 patients audited were in need of a review. The practice also carried out an audit of diabetic patients to ensure patients were correctly coded. Of the 31 patients audited it was found that five patients were coded incorrectly and 3 patients were in need of a review by the GP. We also found evidence where these audits were discussed in practice meetings to share learning and the outcomes for action. However, audit cycles were incomplete, in that the audits had not been repeated to assess if performance had improved. A date of April 2015 was present on the audits for review.

There was a protocol for repeat prescribing which was in line with national guidance. A concern had been raised that

Requires improvement

Are services effective?

(for example, treatment is effective)

patients had been receiving repeat prescriptions without a review but following an investigation by the practice, staff regularly checked that patients receiving repeat prescriptions had been reviewed by the GP in line with the practice's published policy. They also checked that all routine health checks were completed for long-term conditions such as diabetes and that the latest prescribing guidance was being used. The IT system flagged up relevant medicines alerts when the GP was prescribing medicines. We saw evidence to confirm that, after receiving an alert, the GPs had reviewed the use of the medicine in question and, where they continued to prescribe it outlined the reason why they decided this was necessary. The evidence we saw confirmed that the GPs had oversight and a good understanding of best treatment for each patient's needs.

The practice had a palliative (end of life) care register and had regular internal meetings as well as multidisciplinary meetings with end of life nurses to discuss the care and support needs of patients and their families. The practice currently had eight patients on the register.

The practice participated in local benchmarking run by the CCG. This is a process of evaluating performance data from the practice and comparing it to similar surgeries in the area. This benchmarking data showed that the practice was one of the highest performers for providing flu vaccination for those over 65 years (57.7% compared to the local average of 52.5% for the first six months of 2014/2015) and had a lower than average unplanned attendance at accident and emergency (37.7% compared to the local average of 38.5% for the first six months of 2014/2015).

Effective staffing

Practice staffing included medical, nursing, managerial and administrative staff. We reviewed staff training records and saw that all staff were up to date with attending mandatory courses such as annual basic life support. We noted a good skill mix among the doctors. One doctor had a special interest in minor surgery and another had a special interest in in vitro diagnostic (IVD) devices and had a desire to bring both of these services to the practice. All GPs were up to date with their yearly continuing professional development requirements and all either had been revalidated or had a date for revalidation. Every GP is appraised annually, and undertakes a fuller assessment called revalidation every five years. Only when revalidation has been confirmed by the General Medical Council can the GP continue to practise and remain on the performers list with NHS England.

Our interviews with staff confirmed that the practice was proactive in providing training and funding for relevant courses, for example customer care training for reception and administration staff.

All staff undertook annual appraisals which identified learning needs from which action plans were documented with timelines for completion. Staff told us they were actively encouraged to develop and contribute to their personal development plans.

Working with colleagues and other services

The practice worked with other service providers to meet patient's needs and manage those of patients with complex needs. It received blood test results, X ray results, and letters from the local hospital including discharge summaries, out-of-hours GP services and the 111 service both electronically and by post. The practice had a policy outlining the responsibilities of all relevant staff in passing on, reading and acting on any issues arising from communications with other care providers on the day they were received. The GP who saw these documents and results was responsible for the action required. All staff we spoke with understood their roles and felt the system in place worked well.

The practice was commissioned for the new enhanced service which was put in place to follow up patients discharged from hospital Enhanced services require an enhanced level of service provision above what is normally required under the core GP contract. The practice had appropriate procedures in place to manage this, which included the follow up of those patients discharged from hospital who were known by the practice to have mental health concerns. We saw that the policy for actioning hospital communications was working well in this respect.

The practice held monthly minuted multidisciplinary team meetings to discuss the needs of complex patients, for example those with end of life care needs or children on the at risk register. These meetings were attended by district nurses, social workers, palliative care nurses and

decisions about care planning were documented in a shared care record. Staff felt this system worked well and remarked on the usefulness of the forum as a means of sharing important information.

Information sharing

Patients were referred to other services through on the day referrals by the GP. We found the practices referral process was efficient and in line with national guidelines. The practice referred patients through the Choose and Book system (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital). The practice did not provide a figure of how many referrals had been made through this system but staff reported that the system was easy to use.

The practice had systems in place to provide staff with the information they needed. An electronic patient record was used by all staff to coordinate, document and manage patients' care. All staff were fully trained on the system, and commented positively about the system's safety and ease of use. The software enabled scanned paper communications, such as those from hospital, to be saved in the system for future reference. The practice also shared special notes for patients with complex needs with out-of-hours providers.

Consent to care and treatment

We found that staff were aware of the Mental Capacity Act 2005, the Children Acts 1989 and 2004 and their duties in fulfilling it. All the clinical staff we spoke with understood the key parts of the legislation and were able to describe how they implemented it in their practice. For some specific scenarios where capacity to make decisions was an issue for a patient, the practice had drawn up a policy to help staff, for example with making do not attempt resuscitation orders. This policy highlighted how patients should be supported to make their own decisions and how these should be documented in the medical notes.

Patients with a learning disability and those with dementia were supported to make decisions through the use of care plans, which they were involved in agreeing. These care plans were reviewed annually (or more frequently if changes in clinical circumstances dictated it) and had a section stating the patient's preferences for treatment and decisions. For example of the 20 patients on the dementia register, 13 had a care plan review so far this year. When interviewed, staff gave examples of how a patient's best interests were taken into account if a patient did not have capacity to make a decision. All clinical staff demonstrated a clear understanding of Gillick competencies. These are used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions.

The practice had not needed to use restraint in the last three years, but staff were aware of the distinction between lawful and unlawful restraint.

Health promotion and prevention

All new patients were offered a consultation with the practice nurse to discuss the patient's lifestyle and to provide information to help improve their lifestyle. This included healthy eating and exercise leaflets and smoking cessation advice. Chlamydia testing and advice was also offered as part of the initial patient consultation for those patients within the age range for this testing. Sexual health advice was offered to young people and those that might be vulnerable. Patients were signposted to other health organisations that could be of service if an issue was identified. The practice also offered a full children's immunisation programme. Immunisation rates were mixed in relation to the Clinical Commissioning Group (CCG) rate. For example, in 2013, the practice vaccinated 77.3% for the MMR (measles, mumps and rubella) and the CCG average was 89.8%. However the practice vaccinated 93.3% for pneumococcal infection which was higher than the CCG average of 91.1% The practice telephoned patients who did not attend for vaccinations as a reminder and to encourage attendance.

The practice shared the care of mothers and children with the community midwives team and the practice nurse to provide antenatal care and support to new parents, including support for the families of premature babies. The practice also operated a register of children at risk or in social services care and GPs attended joint meetings to discuss care. The GP also provided a report for the transition of young people in social services care to adult services.

The practice offered annual health checks and advice to all patients with specific checks for those placed on the long term conditions register which included structured annual reviews, diabetes checks and blood pressure monitoring. Chronic obstructive pulmonary disease (COPD) checks

Requires improvement

Are services effective?

(for example, treatment is effective)

were also carried out and included spirometry checks (measuring lung function). The practice had undertaken annual reviews for 80% of patients on the practice COPD register. The reviews included a medicines check to ensure medicines were still relevant to the condition. The practice ran a nurse led clinic for bronchitis which was identified as a local health concern. Smoking status was added to patient records and smoking cessation classes were run on an ad hoc basis. The practice recorded that 80.2% of patients who were recorded as smokers had taken up smoking cessation but could not provide any quit rates. The practice proactively monitored patients who may develop a long term illness through the practice computer system. These patients were called in on an annual basis for a health check to monitor any developments.

The practice also offered NHS Health Checks to all its patients aged 40 to 75 years. Practice data showed that 17% of patients in this age group took up the offer of the health check. A GP showed us how patients were followed up within three weeks if they had risk factors for disease identified at the health check and how they scheduled further investigations.

The practice had numerous ways of identifying patients who needed additional support, and it was pro-active in offering additional help. For example, the practice kept a register of all patients with a learning disability and 17 out of 17 had been offered an annual physical health check. Practice records showed that all had received a check up in the last 12 months. Similar mechanisms of identifying 'at risk' groups were used for patients who were obese and those receiving end of life care. These groups were offered further support in line with their needs.

The practice held a register of patients with poor mental health of which currently 64% had an agreed care plan. The practice was in the process of ensuring those outstanding received a care plan. The practice provided annual physical health checks to patients on the register along with regular mental health reviews. The practice recorded that 65% of patients on the register had received a depression review. The practice also attended meetings with the local mental health teams to discuss the case management of patients on the mental health register where the GPs provided regular health reports for the meetings. The practice signposted patients to other organisations for the provision of further support.

Each patient on the older persons register had a named GP contact. Telephone consultations and home visits were available for those who were unable to attend the practice. The practice worked with district nurses in the care of older people. The practice used an NHS toolkit to identify those older people who may be at a higher risk of developing multiple conditions or who may be vulnerable, for example those at risk of developing dementia. These patients were called in to the practice to discuss the development of a care plan. The practice also signposted patients to external organisations for further assistance. Including a local service for relatives of cancer patients.

The practice ran a sexual health clinic. The service was provided by the healthcare assistant who had been provided with the appropriate further training to screen for HIV and Hepatitis B. The practice also signposted to local specialist sexual health clinics for further support.

The practice had a 70% uptake for cervical screening. This was below the England average of 81%.The practice was aware of this matter and were promoting this service within the practice and sending reminders to those patients that were due for the screen.

Support was given to working people who became ill through medical certificates and the fit note. Extended opening hours and telephone consultations were also available.

Health advice leaflets were available within the reception area or direct from the nurse. However leaflets were only available in English.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We reviewed the most recent data available for the practice on patient satisfaction. This included information from the national patient survey and annual patient survey undertaken by the practice's Patient Participation Group (PPG). The evidence from these sources showed patients were happy with the service they received and they were listened to by staff and treated with respect. Data from the national GP patient survey showed that 94% of patients had confidence in the last GP they spoke with, which was above the Clinical Commissioning Group (CCG) average of 73%. The survey also showed that 71% said that the last GP they saw was good at giving them enough time which was in line with the CCG average.

Patients completed CQC comment cards to provide us with feedback on the practice. We received 19 completed cards and the majority were positive about the service experience. Patients said they were listened to by the staff, that staff took time with them and felt involved in planning of their treatment; and that the environment was clean and safe. Five of the comment cards were less positive and stated that the waiting times once at the practice could be lengthy and needed to be addressed.

We also spoke with six patients on the day of inspection, who were positive about the service provided.

Staff told us that all consultations were carried out in the privacy of the consulting room. Disposable curtains were provided in consulting rooms so that patient dignity was maintained during examinations. We noted that the doors to the consulting rooms were closed during a consultation to increase privacy. The practice provided a chaperone for any patient that made a request for one. Information on the chaperone service was on display in the reception area.

We noted that there was a small distance between the waiting area and the reception desk to ensure patients were not overheard at the desk by those waiting for an appointment. A consulting room was left free at all times in case a patient wished to talk to a member of staff in private before their consultation.

Staff told us that if they had any concerns or observed any discriminatory behaviour they would raise these with the practice manager who would investigate the circumstances. We were provided with an example of where a patient was abusive towards staff and asked to leave by the practice manager. This incident was discussed within the practice meeting and learning shared.

Staff told us that the practice had a culture of ensuring that patients were treated equally. For example, patients experiencing poor mental health or in vulnerable circumstances were able to access the service without fear of prejudice, and staff treated them equally.

Care planning and involvement in decisions about care and treatment

Patient survey information showed that patients responded positively to questions about their involvement in the planning of their care. For example, the national GP patient survey showed that 70% of patients said that the GP was good at involving them in their care, and 74% said that the GP was good at explaining test results and treatments, which were both above the Clinical Commissioning Group (CCG) average. The national patient survey also showed that 69% of patients said that the nursing staff was good at involving them in their care which was above the CCG average of 58%.The results from the practice's own satisfaction survey showed that 77% of patients said they were satisfied with the overall service at the practice.

Patients we spoke with on the day had no concerns regarding involvement in their treatment. All patients said that they were fully involved in the decision making process and that all the options for treatment were explained to them. They also told us they felt listened to and supported by staff to make an informed decision about the choice of treatment they wished to receive.

Staff told us that interpreting services were available for patients who did not have English as their first language. Patients were asked by the receptionist if they required a translator; however we did not see notices in the reception areas informing patients that the service was available.

Patient/carer support to cope emotionally with care and treatment

The survey information we viewed showed that people were positive about the emotional support that was provided by the practice. People told us that when they needed emotional support the GP would go out of their way to offer support through providing an appropriate

Good

Are services caring?

referral to another service or by providing information of how they could access relevant support groups. Information about external groups offering emotional support was displayed in the reception area.

The practice had a carer's policy and the practice computer system alerted GPs if a patient was also a carer. We were shown written information signposting carers to support groups. Patients who suffered bereavement were telephoned by the GP and invited to the practice to discuss how staff could be of any help.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

We found the practice was responsive to people's needs and that it had systems in place to maintain the level of service provided. The needs of the practice population were understood and systems were in place to ensure that the service provided remained appropriate to the needs of the local population. The practice undertook an analysis in conjunction with the Clinical Commissioning Group (CCG) to identify the needs of the local area and plan services accordingly. For example, there was a high proportion of patients with diabetes within the area. Those patients would be referred to the CCG led intermediary service to avoid hospital admissions. This service was run alongside the clinics run at the practice by the diabetic trained nurses.

A register was held which identified those older people who were high risk of admission to hospital or patients who were approaching end of life. We reviewed six care plans that were kept up to date and shared with other healthcare providers. The practice provided a follow up consultation to patients that had been discharged from hospital if there was a need. All patients over the age of 75 received their own named GP.

A register of those patients whose circumstances made them vulnerable was maintained. Those patients with a learning disability were offered longer appointments to give time to discuss health concerns. All patients with a learning disability received an annual follow up and health check.

The practice had a palliative care register and had regular multidisciplinary meetings to discuss patients' and their families' care and support needs.

The practice had a patient participation group (PPG). However, the practice had found it to be poorly supported and in need of further development. This was due to an historic culture of not involving and listening to the PPG by a former management team. The current management team were keen to have the involvement of the PPG and were in the process of rejuvenating the group. The practice was currently advertising for more patients to become involved. The PPG had undertaken a patient survey in 2013 which highlighted that there was a need for improved telephone access which has since been looked into and improved by the practice. However, no minutes of PPG meetings were available and it was not clear what discussions had taken place.

Tackling inequity and promoting equality

The practice had recognised the needs of different groups in the planning of its services. For example staff nurses had received training in diabetic care in order to provide a full monitoring service. The practice also worked with other local practices to promote health within local cultural groups by providing culturally relevant health material and advice.

The practice had access to online translation and a telephone translation system which could be booked for consultations although this was not advertised well within the practice.

The practice premises did not lend itself to those with a physical disability due to a narrow entrance. However the practice accommodated this through the use of a rear exit that wheel chair users or patients with push chairs could request to be opened by staff to give them access. Consultation rooms were on two levels and consultation rooms were kept available on the ground floor for those with a physical disability.

The practice actively supported people who had been on long term sick leave to return to work by the use of the 'fit note' and phased return to work.

Access to the service

The practice was open between 8.00am to 6.30pm Monday to Friday. Appointments were from 8:30am and 6:30pm with extended hours between 6.30pm and 7.30pm on a Tuesday. Urgent appointment slots were available throughout the day and same day telephone consultations were offered for those unable to attend the practice. Online appointments were available.

Comprehensive information was available to patients about appointments on the practice website. This included how to arrange urgent appointments and home visits and how to book appointments through the website. There were also arrangements to ensure patients received urgent medical assistance when the practice was closed. If

Good

Are services responsive to people's needs?

(for example, to feedback?)

patients called the practice when it was closed, an answerphone message gave the telephone number they should ring depending on the circumstances. Information on the out-of-hours service was provided to patients.

Longer appointments were available to patients who requested them. Those with long term conditions, mental health concerns and otherwise vulnerable patients were able to book appointments at quieter times of the day. Elderly and vulnerable patients were able to access an appointment with their named GP when required. Home visits were offered for those patients who were unable to attend the surgery. Telephone consultations were available for those patients who worked during surgery opening times.

Patients were generally satisfied with the appointments system. They confirmed that they could see a doctor on the same day if they needed to. They also said they could see another doctor if there was a wait to see the doctor of their choice. Comments received from patients showed that patients in urgent need of treatment had often been able to make appointments on the same day of contacting the practice. For example, one patient we spoke with said how they had been suffering with a severe migraine at work telephoned the practice and was given an emergency appointment within the hour.

The practice was aware of the limitations of the present building. The layout of the premises meant that wheelchair users needed to use a back entrance to the surgery due to the corridor from the reception area to consulting rooms being narrow. The practice had made alternative arrangements through patients reporting to reception and then using a rear entrance which led to the consultation rooms. The practice was hoping to move to a purpose built facility in the near future.

Listening and learning from concerns and complaints

The practice had a 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. This included posters within the reception area, complaints leaflet, information in the patient handbook and on the practice website. However this was only available in English. Patients we spoke with were aware of the process to follow if they wished to make a complaint. None of the patients we spoke with had ever needed to make a complaint about the practice.

We looked at four complaints received in the last 12 months and found that they were responded to in a timely way and had been resolved in line with the practice's complaints policy.

The practice reviewed complaints annually to detect themes or trends. We looked at the report for the last review and no themes had been identified. However, lessons learned from individual complaints had been acted on.

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. We found details of the vision and practice values were part of the practice's long term strategy which included increasing the list size and to provide a greater number of services from a new purpose built premises.

We spoke to four members of staff and they knew and understood the vision and values and knew what their responsibilities were in relation to these.

Governance arrangements

The practice had a number of policies and procedures in place to govern activity which was available to all staff on the computer system. A policy folder was also available in the administration office. We viewed five policies and found them to be relevant to the operation of the practice. All the policies had dates indicating when they were last reviewed, and when their next review was due. Responsible persons were assigned to all areas of governance within the practice.

Governance was discussed at regular clinical meetings. We reviewed recent minutes of the clinical meetings and found that ways of improving performance and minimising risk within the practice were discussed.

The practice used the Quality and Outcomes Framework (QOF) to measure their performance. This data showed that it was performing in line with national standards. QOF data was discussed at practice meetings and ways to improve performance was discussed. For example, one matter discussed at a recent clinical meeting was how to ensure that the correct code was being applied to the correct diagnosis for depression.

The practice had conducted a number of clinical audits which included a review of patients with phosphodiesterase type 5 (PED5) inhibitors. It was found that some patients that had a PED5 were not eligible and an alternative medication was prescribed following discussion with the patient. However we found that clinical audit cycles had not been completed but a date for a repeat audit had been identified.

The practice had arrangements for identifying, recording and managing risks. We saw the practice did not have a risk log but would discuss risks as they occurred and took mitigating action accordingly

Leadership, openness and transparency

We were shown a clear leadership structure which had named members of staff in lead roles. For example the GP was the lead for safeguarding and the practice nurse was lead for infection control. Each of the GP's also had clinical responsibility for areas such as paediatrics, diabetes, gynaecology and mental health. We spoke with five members of staff who were clear about their role and responsibilities. They also said that they felt valued and supported by the management and knew that they could go to a member of the management team for advice and support if it was required. Staff told us that there was an open culture and all felt happy to raise concerns with the practice manager and in practice meetings.

The practice manager was responsible for the human resources policies and procedures. We were shown a number of related policies, including the induction policy, staff training policy and absence policy, which were in place to support staff. All policies that we viewed were in date and had a review date present. Staff we spoke with knew where to find the policies on the computer system if required.

Practice seeks and acts on feedback from its patients, the public and staff

The practice had gathered feedback from patients through the annual patient survey. We looked at the results and found that overall patients were satisfied with the service provided by the practice and that they were satisfied with the booking system.

The practice had a Patient Participation Group (PPG) which had representatives from all of the patient population groups. The PPG met every three months; however this was not currently well attended as patients had felt that previous management had not listened to their concerns. No minutes were available and there was no evidence available to show that actions had been taken on any suggestions made by the group. The practice was addressing this by advertising for an increased number of members and offering meetings at various times of the day to ensure the PPG became an active group of value within the practice.

Are services well-led?

Good

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

The practice gathered feedback from staff through staff meetings and annual appraisal discussions. Staff told us they were comfortable in giving feedback to the practice manager and GP and were happy to discuss issues with colleagues and management. Staff told us that they felt involved and engaged in the practice to improve outcomes for both staff and patients.

The practice had a whistle blowing policy which was available to all staff on the shared computer system and in the policy folder located in the administration office. Staff we spoke with were aware of the policy and where it was held but had not used the policy.

Management lead through learning and improvement

Staff told us that the practice supported continued learning and development through training and mentoring. We looked at staff files and found that regular appraisals took place which included a personal development plan. Staff were openly encouraged to advance themselves through training for internal promotions.

The practice had completed reviews of significant events and other incidents and shared the information and outcomes with staff during practice meetings; to ensure the practice improved outcomes for patients.