

All Saints Medical Centre PMS

Quality Report

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

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at All Saints Medical Centre on 13 April 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.
- Patients said they were treated with compassion, dignity and respect and 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.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- 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:

Summary of findings

- In line with current recommendations, all staff should receive their Basic Life Support (BLS) training annually.
- Clinical staff should receive training to ensure they are aware of their responsibilities under the Mental Capacity Act 2005 (MCA).
- Practice Nurse attendance at practice clinical governance meetings should be encouraged and facilitated.
- A record should be kept of batch numbers of blank prescriptions placed in printers.
- The practice should review its procedure for identifying and recording patients with caring responsibilities on the clinical system to ensure information, advice and support is made available to them.
- An infection control audit should be carried out annually.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to ensure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents 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.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were comparable with the CCG and 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.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Feedback from patients about their care and treatment was positive.
- 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.

Good



Summary of findings

- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they were usually able to make an appointment with a GP of their choice and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group.
- 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 and other stakeholders.

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- 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 practice meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- 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 shared this information with staff to ensure appropriate action was taken.

Good



Summary of findings

- The practice proactively sought feedback from staff and patients, which it acted on and it had an active patient participation group which influenced practice development.
- There was a strong focus on continuous learning and improvement at all levels. Staff had received regular appraisals.

Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive 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.
- All patients over 75 years had been informed of the details of their named GP and were invited to attend an annual health check.
- Nationally reported data showed that outcomes for patients with conditions commonly found in older people were comparable to the CCG and national average.

Good



People with long term conditions

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

- Nursing staff had lead roles in the management of long term conditions.
- Longer appointments and home visits were available when needed.
- Patients at risk of frequent hospital admission were identified and followed up as a priority. Regular meetings were held to review unplanned admissions. Meetings were minuted and information shared as appropriate.
- Patients with long-term conditions were offered a structured annual review to ensure that 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.
- Nationally reported data showed that outcomes for patients with diabetes were comparable to the CCG and national average.

Good



Families, children and young people

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

- There were systems in place to identify and follow up children who were at risk, for example, children and young people who had a high number of A&E attendances.

Good



Summary of findings

- Immunisation rates were comparable with the national average for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The percentage of women for whom a cervical screening test had been performed in the preceding five years was above the national average.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked closely with midwives and health visitors.

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 those with a learning disability.
- The practice offered longer appointments for patients with a learning disability if required.
- 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.
- 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.
- Annual health checks for people with a learning disability were offered by the practice. In the last 12 months 65% of patients had received an annual health check.

Good



Summary of findings

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).

- 82% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months which is comparable to the CCG and national average.
- 97% of patients diagnosed with poor mental health had a comprehensive agreed care plan completed in the last 12 months which is comparable to the CCG and national average.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations and there was up to date information available in the waiting area.
- 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 results of the national GP patient survey published in January 2016 showed the practice was performing in line with local and national averages. 388 survey forms were distributed and 112 were returned. This represented a 29% response rate (2.2% of the patient list).

- 94% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 89% 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 76%.
- 87% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 77% of patients said they would recommend this GP practice to someone who has just moved to the area compared to the national average of 79%.

Prior to our inspection we also asked for CQC comment cards to be completed by patients. We received 72

comment cards which were all positive about the standard of care received. Patients told us they felt confident in the care they received and they felt listened to and well supported. Staff were described as caring, supportive and friendly. We received three negative comments relating to delays in obtaining a booked appointment.

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

The practice had reviewed the responses to the Friends and Family Test (FFT) in which patients were asked 'How likely are you to recommend our service to friends and family'. The results of the March 2016 survey showed that, of the 85 responses received, 7% of patients stated that they were unlikely to recommend the practice. These results were reviewed at practice meetings to identify possible improvements to the service.

Areas for improvement

Action the service SHOULD take to improve

- In line with current recommendations all staff should receive their Basic Life Support (BLS) training annually.
- Clinical staff should receive training to ensure they are aware of their responsibilities under the Mental Capacity Act 2005 (MCA)
- Practice Nurse attendance at practice clinical governance meetings should be encouraged and facilitated.
- A record should be kept of batch numbers of blank prescriptions placed in printers.
- The practice should review how patients with caring responsibilities are identified and recorded on the clinical system to ensure information, advice and support is made available to them.
- An infection control audit should be carried out annually.

All Saints Medical Centre PMS

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead Inspector. A GP Specialist Adviser was also present.

Background to All Saints Medical Centre PMS

All Saints Medical Centre is situated in a detached purpose-built property located in a mainly residential area of Woolwich, in the Royal Borough of Greenwich. Greenwich Clinical Commissioning Group (CCG) is responsible for commissioning health services for the locality.

The practice was initially established in the 1940s and moved to the current premises in 2005. The building of the current property was commissioned by the current senior partner to accommodate the changing needs of the practice and the increase in patient population.

The practice has 5150 registered patients. The practice age distribution is similar to the national average for most age groups with an above average rate for patients 0 to 10 years. The practice population is ethnically diverse (99% of patients having a recorded ethnic group). The surgery is based in an area with a deprivation score of 4 out of 10 (1 being the most deprived).

The practice is registered as a partnership with the Care Quality Commission to provide the regulated activities of diagnostic and screening services; maternity and midwifery services and treatment of disease, disorder or injury. There are currently two partners.

Services are delivered under a Personal Medical Services (PMS) contract and are provided from one location at 13a Ripon Road London SE18 3PS. The practice 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).

Clinical services are provided by two GP partners. One full-time female partner (9 sessions per week) and one part-time male partner (6 sessions per week). There are two part-time locum GPs (one male providing 2 sessions and one female providing 4 sessions per week) and two female part-time Practice Nurses (1.44 wte).

Administrative services are provided by the Practice Manager (1.0 wte); two administrators (1.6 wte) and six reception staff (2.8 wte).

The surgery is open between 08.00 and 18.30 hours Monday to Friday and between 08.30 and 11.30 hours on Saturday.

Pre-booked and urgent appointments are available Monday to Friday from 08.30 to 18.20 hours and extended hours appointments are provided on Saturdays between 08.40 and 11.30 hours.

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

The practice leaflet and practice website www.allsaints-medicalcentre.co.uk include details of services provided by the surgery and within the local area.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as

Detailed findings

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 13 April 2016.

During our visit we:

- Spoke with a range of staff (GPs, Practice Nurses, Practice Manger, administrators and receptionists)
- Spoke with patients who used the service and members of the patient participation group (PPG).
- Observed how patients were being cared for and talked with carers and 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. The practice carried out a thorough analysis of all significant events.

We reviewed incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that learning from incidents was shared and action was taken to improve safety in the practice. For example, during a surgery when a GP was the only clinician present a patient collapsed after receiving a vaccination for the first time. A risk assessment of the incident was carried out and it was agreed that in future, first time vaccinations would only be administered when there was more than one clinician on the premises.

We saw evidence that when there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal or written apology and were told about any actions to improve processes to prevent the same thing happening again. We saw that the practice adhered to the recommended timescales for responding to patient complaints.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults that reflected relevant legislation. Local requirements and policies were accessible to all staff. Policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead GP for Adult and Children Safeguarding. The practice always provided reports when requested for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. All clinical staff were trained to Safeguarding Level 3.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check.

(DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy and well maintained. The practice nurse was the infection control lead and liaised with the local infection prevention team to keep up to date with best practice. There was an infection control protocol in place and clinical staff had received up to date training. An infection control audit had not been carried out in the last 12 months. However, an audit had been undertaken 18 months ago by an external assessor and we saw evidence that action had been taken to address any improvements identified in the audit.
- The arrangements for managing medicines, including emergency medicines and vaccines, kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy team to ensure prescribing was in line with best practice guidelines for safe prescribing. Processes were in place for handling repeat prescriptions which included a review of high risk medicines.
- Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. However batch numbers of blank prescriptions placed in printers were not recorded.
- One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. She received mentorship and support from the medical staff for this extended 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).
- The practice had a comprehensive Recruitment Policy which was followed. We reviewed twelve personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of

Are services safe?

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 and staff room which identified the practice health and safety representatives.
- The practice had up to date fire risk assessments and carried out weekly checks of the fire alarm and annual fire evacuation 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 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 staffing groups to ensure that sufficient staffing levels were maintained.

Arrangements to deal with emergencies and major incidents

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

- A panic alarm was integrated into the patient call system which was situated in reception and all consultation rooms. There was also a messaging system on the computers in all the consultation and treatment rooms which alerted staff to urgent messages.
- All staff received basic life support (BLS) training every 18 months.
- The practice had recently ordered a defibrillator for the premises and were awaiting delivery. Plans were in place for staff training in the use of the defibrillator and for routine monitoring and maintenance.
- Oxygen with adult and children's masks was available. 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 details of emergency contact numbers for staff and arrangements for relocation to a local church if an emergency relocation site was required.

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 National Institute for Health and Care Excellence (NICE) and used this information to deliver care and treatment that met patients' needs.
- We saw evidence from clinical audits to confirm that these guidelines were positively influencing and improving practice and outcomes for patients.

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 showed the practice achieved 98.6% of the total number of points available. This was comparable to the CCG average of 91.5% and national average of 94.7%.

The exception reporting rate for the practice was 14.2% which was higher than the CCG average of 6.8% and national average of 9.2%. We saw evidence that all reasonable steps had been taken to reduce the exception rate, such as ensuring that at least three attempts were made to invite patients to attend for reviews including telephoning, texting and writing to patients. However, we observed that some patients included in the exemption report had later, but still within the QOF required timescale, attended for the relevant review but had not then been removed from the exception report. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed that the practice was comparable to the CCG and national average in most indicators. For example,

- Performance for diabetes related indicators of 99% was comparable to the CCG average of 81% and the national average of 89%.
- QOF exception reporting for the diabetes related indicators was 17% which was higher than the CCG average of 9% and national average of 11%.
- Performance for mental health related indicators 100% was comparable to the CCG average of 90% and the national average of 93%.
- QOF exception reporting for mental health related indicators was 21% which was higher than the CCG average of 6% and national average of 11%.

Clinical audits demonstrated quality improvement

Information about patients' outcomes was used to make improvements. Six clinical audits had been completed in the last two years where the improvements made were implemented and monitored and findings were used by the practice to improve services.

- One of the two-cycle completed audits was aimed at ensuring diagnosis and treatment for patients with mild or moderate chronic obstructive pulmonary disease (COPD) was appropriate and in line with national and local guidelines. An initial audit was carried out to identify patients with COPD. These patients were reviewed against a set of predetermined criteria. A second audit was carried out which identified an improvement in classification and treatment.
- A second completed audit carried out as a two cycle audit was aimed at ensuring prescribing of self-monitoring blood glucose (SMBG) strips was in line with the local CCG diabetes guidelines. An initial audit was carried out to identify patients who were prescribed SMBG strips and these patients were reviewed against a set of predetermined criteria including checks to ensure the locally recommended SMBG meters were being used. A second audit was carried out which confirmed improvements in prescribing practice and usage by patients. The second audit also confirmed an improvement of 50% in the number of patients now receiving the recommended SMBG meter.

Are services effective?

(for example, treatment is effective)

The practice also participated in local audits, national benchmarking, accreditation and peer review.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to 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 mandatory 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 intranet.

- This included care and risk assessments, care plans, medical records and investigation and test results.

- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Multidisciplinary 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. However not all clinical staff fully understood their responsibilities under the Mental Capacity Act (MCA) 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.
- Verbal consent was confirmed and recorded where appropriate. However, written consent was not obtained for procedures such as joint injections.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Advice and signposting to relevant services was available.

- Smoking cessation advice and support was available from the practice nurses.
- The uptake for the cervical screening programme was 87%, which was comparable to the national average of 82%. The practice demonstrated how they encouraged uptake of the screening programme by following up

Are services effective?

(for example, treatment is effective)

non-attenders with test reminders. They also 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 and actively encouraged patients who had failed to attend.
- Childhood immunisation rates were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 94% to 96% and five year olds from 88% to 96%.
- Flu vaccination rates for patients with diabetes were 92% which was comparable with the CCG average of 90% and the national average of 89%.
- 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 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 told us they would offer patients a private room to discuss their needs when they wanted to discuss sensitive issues or appeared distressed.

Almost all of the 72 Care Quality Commission comment cards we received from patients were positive about the service experienced. We received three negative comments which related to delays in obtaining routine appointments. All patients commenting on the care they received said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Comment cards highlighted that staff responded compassionately when patients needed help and provided support when required.

We spoke with two members 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.

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

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

- 85% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 85% and the national average of 89%.

- 83% of patients said the GP gave them enough time compared to the CCG average of 81% and the national average of 87%.
- 93% 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%.
- 75% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 86% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 90% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

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

- 86% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 81% and the national average of 86%.
- 69% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 82% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

Are services caring?

The partners were aware that the scoring was low for patients feeling involved in decisions made by GPs within the practice and were making efforts to improve this and would continue to monitor patient views to ensure improvements were made.

Staff told us that interpreting services were available for patients who did not have English as a first language. However, the availability of this service was not displayed in the reception area.

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.

The practice computer system alerted staff when a patient was also a carer. The practice had identified 0.5% of patients as carers. Carer status was recorded on the electronic record system when patients called to book an appointment for flu vaccination; during consultations; following response to posters in the waiting area and in response to the query in the new patient registration form. Written information was available to direct carers to the various avenues of support available to them.

The practice did not have a system in place to contact families who had suffered bereavement.

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.

- The practice offered appointments on a Saturday morning for working patients who could not attend during normal weekday opening hours.
- There were longer appointments available for patients with a learning disability and patients who needed them.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultations.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities available. Automatic main doors provided access to the premises and a lift was available to access first floor facilities.
- An interpreting service via telephone link was available when required.

Access to the service

The practice was open between 08.00 and 18.30 hours Monday to Friday and between 08.30 and 11.30 hours on Saturday.

Appointments with the GP were available from 08.10 to 12.30 hours and 14.30 to 17.30 hours Monday to Friday and from 08.40 to 11.30 hours on Saturday. Appointments with the nurse were available between 08.30 and 17.30 hours Monday to Friday.

Pre-bookable appointments could be booked up to three months in advance and urgent appointments were available daily for patients who required them. These appointments could be booked by telephone, via the website or in person at reception.

Patients could contact the surgery for advice by telephone. Requests for telephone advice were responded to on the day.

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

- 83% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 94% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

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

Listening and learning from concerns and complaints

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

- The complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The Practice Manager was the designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. Details were displayed in the waiting area, in the practice leaflet and on the practice website.

We looked at six complaints received in the last 12 months and found these were satisfactorily handled with openness and transparency and within NHS recommended timescales. Lessons were learnt from individual concerns and complaints and also from analysis of trends. Action was taken as a result to improve the quality of care. For example, a complaint was received from a patient who had been informed by the receptionist that they were unable to make an appointment with the doctor until their registration was complete. This was not practice policy. All receptionists were therefore reminded that finalisation of the registration process was not required before the patient was able to book an essential appointment.

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 robust strategy and supporting business plans which reflected the vision and values of the practice and these were regularly monitored.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. Procedures were in place to ensure 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 robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of the 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 and 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. Written records of verbal interactions as well as written correspondence were kept.

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

- Staff told us that practice meetings were held every three months. All available staff would attend.
- Clinical meetings were held once a week. Due to the unavailability of the practice nurse these were only attended by the GPs. However, following the recent recruitment of a second practice nurse we were informed that clinical meetings will in future be attended by all clinical staff, including practice nurses.
- 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.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. Staff were involved in discussions about how to run and develop 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 PPG had suggested the practice put up a white board in the waiting area to inform patients when appointments were running late. They had also requested that patients should be able to collect prescriptions during reception opening hours on Saturday morning which had previously not been permitted. The practice had implemented both of these suggestions.

Are services well-led?

Good 

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

- 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.

Continuous improvement

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

team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, the practice had recently implemented a new software programme funded by the local CCG which was used to enhance the patient record system in the identification of patients with possible long term conditions who are not already on a register. Criteria for identification was agreed by local clinicians and identified patients are reviewed by a GP or practice nurse.