

Dr J Israel's Practice

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 Dr J Israel on 21 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, and staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were mostly below average in 2014/2015 for several health indicators, but the practice had addressed this and made some improvements in 2015/2016.

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints.
- The majority of 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:

- Ensure QOF performance is continuously monitored and improvements are made.
- Ensure translation services are advertised in the waiting area, in a format patients can understand.

Summary of findings

- Ensure there is a policy for safeguarding adults.

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 make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse, but they did not have a policy for safeguarding adults.
- The majority of 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 that in 2014/2015, patient outcomes were mostly below average for several health indicators. The practice was able to demonstrate actions it had taken to make improvements to these areas in 2015/2016, and described a plan of action to make further improvements.
- 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 published on 7 January 2016 showed patients rated the practice similar to others for several aspects of care.

Good



Summary of findings

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- 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. For example, they participated in a pilot to offer in-house physiotherapy services to patients.
- 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.
- 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 governance meetings.
- There were arrangements to monitor and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.

Good



Summary of findings

- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits by GPs, and the practice's community nurse who was able to perform a variety of services including phlebotomy for these patients.
- Home visits were scheduled to coincide with patients' medicine reviews, but the practice also responded to home visit requests from patients.
- Urgent appointments were available for those with enhanced needs.
- The practice hosted regular multi-disciplinary meetings attended by social workers, district nurses and palliative care nurses.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people were good. For example, 79% of patients with hypertension had well controlled blood pressure in the previous 12 months. This was in line with the national average of 84%.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was below average. For example, 67% of patients with diabetes had well-controlled blood sugar in the previous 12 months (national average 78%). The practice had carried out its own analysis in 2015/2016 which showed performance had increased to 84% in 2015/2016.
- All patients with a long term condition had a named GP, a personalised care plan, and most had received a structured annual review to check their health and medicines needs were being met.
- Performance for asthma related indicators was average; 72% of patients with asthma had an asthma review in the previous 12 months (national average 75%).

Good



Summary of findings

- Performance for indicators related to chronic obstructive pulmonary disease was below average; 79% of patients with chronic obstructive pulmonary disease had a review of their care in the previous 12 months (national average 90%). The practice had carried out its own analysis in 2015/2016 which showed performance had increased to 80% in 2015/2016.
- Longer appointments and home visits were available when needed. The practice encouraged patients with long term conditions to make use of their in-house massage service to aid their mental and physical well-being.
- 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.

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 living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates were relatively high for all standard childhood immunisations.
- 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.
- 85% of women aged between 25 and 64 years received a cervical screening test in the previous five years. This was in line with the national average of 82%
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors.

Good



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.

Good



Summary of findings

- 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.
- The practice offered an in-house phlebotomy service and 24 hour blood pressure monitoring to reduce the need for patients to visit local hospitals.
- Extended hours opening and daily telephone consultations were available for patients who could not attend the practice during normal working hours.
- There was accessible health promotion material available throughout the practice.

People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability and for carers.
- The practice told us homeless people were able to register as patients to receive on-going care at the practice. They also provided care to women from a local women's refuge home for vulnerable women and children with complex health and social needs.
- 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 in normal working hours and out of hours.

Good



People experiencing poor mental health (including people with dementia)

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

- 57% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This was significantly below the national average of 84% but the practice had carried out its own analysis in 2015/2016 which showed an increase to 74% in 2015/2016.

Good



Summary of findings

- 78% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan in their records. This was below the national average of 88% but the practice had carried out its own analysis in 2015/2016 which showed an increase to 98% in 2015/2016.
- The practice provided care for patients in local care homes for people with poor mental health and learning difficulties.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published on 7 January 2016 showed the practice was performing in line with local and national averages. Three hundred and ninety-one survey forms were distributed and 103 were returned. This represented approximately 1% of the practice's patient list.

- 80% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 86% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 85%.
- 94% of patients described the overall experience of this GP practice as good compared to the national average of 85%).

- 86% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 37 comment cards which all contained positive comments about the standard of care received. Patients commented that staff were helpful, supportive and friendly. There were four comments regarding difficulties with getting or booking appointments, and two regarding long waiting times after patients had attended for appointments.

We spoke with six patients during the inspection. The majority of patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Two patients commented that they had experienced difficulties booking or getting appointments.

Dr J Israel's Practice

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Dr J Israel's Practice

Dr J Israel's Practice (also known as The Vale Medical Practice) operates from one site in Lewisham. It is one of 41 GP practices in the Lewisham Clinical Commissioning Group (CCG) area. There are approximately 11,200 patients registered at the practice. The practice is registered with the Care Quality Commission (CQC) to provide the regulated activities of diagnostic and screening procedures, family planning, maternity and midwifery, and treatment of disease, disorder or injury.

The practice has a personal medical services (PMS) contract with the NHS and is signed up to a number of enhanced services (enhanced services require an enhanced level of service provision above what is normally required under the core GP contract). These enhanced services include childhood vaccination and immunisation, facilitating timely diagnosis and support for people with dementia, influenza and pneumococcal immunisations, learning disabilities, minor surgery, online access, patient participation, remote care monitoring, risk profiling and case management, rotavirus and shingles immunisation and unplanned admissions.

The practice has a higher than average population of female and male patients aged from birth to nine years and from 25 to 49 years. Deprivation affecting children and adults is above the national average amongst patients registered at the practice.

The clinical team includes a male lead GP, four female and three female salaried GPs. The GPs work a total of 46 sessions per week. There are two female salaried practice nurses, and a health care assistant. The clinical team is supported by a practice manager, an assistant practice manager, five reception/administrative staff and a secretary.

The practice is currently open between 8.00am and 6.30pm Monday to Friday and is closed on bank holidays and weekends. It offers extended hours from 6.30pm to 7.30pm on Tuesdays, Wednesdays and Thursdays. Appointments are available from 8.00am to 11.40pm and from 2.00pm to 6.20pm on Mondays, 8.30am to 11.50 and 2.00pm to 7.20 on Tuesdays, Wednesdays and Thursdays, and from 8.40am to 12.20pm and 2.00pm to 5.50pm on Fridays. There are two treatment rooms and seven consulting rooms on the ground floor.

There is wheelchair access and baby changing facilities. There is car parking available outside the premises, including disabled parking.

The practice has opted out of providing out-of-hours (OOH) services and directs patients needing care outside of normal opening hours to a contracted out-of-hours service.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was

Detailed findings

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 21 April 2016. During our visit we:

- Spoke with a range of staff including the lead GP, the practice manager, reception/administrative staff and a practice nurse. We also spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, a member of staff identified an error made by a secondary care provider regarding a practice patient. The practice contacted the hospital to inform them of the error and raised an alert on the Lewisham GP interactive site to inform other practices locally. The patients' records were updated with the correct information and the practice discussed the event in a meeting to share learning with staff members.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. A policy was in place for child protection and was accessible to all staff. The safeguarding children policy clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare, but there was no such policy in place

for safeguarding adults. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3. Nurses were trained to level 2 and non-clinical staff were trained to level 1.

- 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. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role.

Are services safe?

- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation (PGDs provide a legal framework that allows some registered health professionals to supply and/or administer a specified medicine to a pre-defined group of patients, without them having to see a GP). Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber (PSDs are written instructions, signed by a doctor or non-medical prescriber for medicines to be supplied and/or administered to a named patient after the prescriber has assessed the patient on an individual basis).
- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed. There were procedures in place for monitoring and managing risks to patient and staff safety.

- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives.
- The practice had up to date fire risk assessments and carried out regular fire drills.
- The practice had a variety of other risk assessments in place to monitor safety of the premises such as control

of substances hazardous to health and infection control. At the time of our inspection, the practice had not conducted a Legionella risk assessment (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). They told us they had followed their architect's advice that it was not needed because the building was new, and they provided evidence of a new risk assessment conducted shortly after the inspection.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

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

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments and audits.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 95% of the total number of points available.

Data from 2014/2015 showed that in the previous 12 months:

- Performance for all diabetes related indicators was below average. For example;

59% of patients with diabetes had well controlled blood cholesterol (national average 80%). The lead GP informed us they were actively prescribing cholesterol lowering medicines to these patients. The information technology (I.T.) manager told us they maintained and regularly ran searches on all registers for patients who were due a recall. They told us performance had increased to 67% in 2015/2016, and that efforts were on-going to improve cholesterol management in patients with diabetes.

71% of patients with diabetes had a foot check (national average 88%). The lead GP informed us that some patients had not attended to receive a foot check. The I.T. manager told us the practice relied on the local foot clinics to submit information about patients who had attended for a foot check, and that this information could be sporadic. They told us they sent three recall letters per year, and that they

had recently implemented a new system whereby either the patients' GP or nurse would call the patient after the third recall, to encourage them to attend the practice for a review.

67% of patients with diabetes had well-controlled blood sugar (national average 78%). The lead GP told us they had previously struggled to get patients to attend the practice for reviews of their care. The I.T. manager told us they had increased performance to 84% in 2015/2016 by implementing a robust recall system of emails, texts and letters on a three month basis to encourage attendance, and by the GPs being more pro-active at prescribing and monitoring medicines for these patients.

- Performance for mental health related indicators was below the national average. 78% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan in their record (national average 88%). The lead GP told us they had previously been late in implementing care plans and that they were actively inviting patients to receive reviews and care plans. The I.T. manager informed us they had increased performance to 98% in 2015/2016 by implementing a robust recall system of emails, texts and letters to encourage attendance.
- Performance for dementia related indicators was below the national average. 57% of patients with dementia had a face-to-face review of their care (national average 84%). The lead GP informed us they had struggled to gain patients' attendance for the reviews, and the I.T. manager told us performance had increased to 74% in 2014/2015. They had achieved this improvement by implementing a robust recall system of emails, texts and letters to encourage attendance. They informed us efforts were on-going to improve outcomes for patients with dementia.
- Performance for hypertension related indicators was similar to the national average. 79% of patients with hypertension had well-controlled blood pressure (national average 84%). The I.T. manager told us they had increased performance to 82% in 2015/2016 by implementing a robust recall system of emails, texts and letters to encourage attendance.
- Performance for indicators related to chronic obstructive pulmonary disease (COPD) was below the national average. 79% of patients with COPD had a

Are services effective?

(for example, treatment is effective)

review including an assessment of breathlessness (national average 90%). The I.T. manager told us this had increased to 80% in 2015/2016. They said the practice had struggled to gain compliance from patients, especially those with low-grade COPD, despite sending several invites encouraging them to attend for reviews. They told us they had recently modified their recall letters by making the font larger due to their patients with COPD being predominantly older, to encourage attendance. They also said the practice had commenced a programme to get patients with COPD to stop smoking.

- The practice's ratio of reported versus expected prevalence for COPD was 0.26, significantly below the national average of 0.63. The lead GP informed us they were amending their read coding and conducting more spirometry tests in order to identify more patients that may be at risk of this disease. The I.T. manager told us they were actively running searches to find patients who had risk factors for COPD.

There was evidence of quality improvement including clinical audit.

- There had been four clinical audits completed in the previous two years, two of these were completed audits where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, an audit on patients with coeliac disease in 2013 identified two patients receiving a repeat prescription without a definitive diagnosis, and three patients who were exceeding the recommended amounts of repeat prescriptions per month. A subsequent re-audit in 2015 identified that no patients were exceeding repeat prescriptions and all patients on repeat prescriptions had received a definite diagnosis of their condition. The practice achieved this by improving their coding and by following best practice guidelines on prescribing.
- The practice participated in local audits. They national benchmarking. They did not participate in accreditation, peer review or research.

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 topics such 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, those administering vaccines and performing screening tests.
- 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 online resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

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

Are services effective?

(for example, treatment is effective)

referred, or after they were discharged from hospital. Meetings took place with other health care professionals every two months when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

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

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

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, weight management, smoking cessation, and drug and alcohol cessation.
- Patients who needed substance misuse cessation advice were signposted to a local support group.
- An obesity dietician attended the practice on Wednesdays to give patients advice on maintaining a healthy diet and weight.
- Smoking cessation advice was available from the practice's health care assistant on Wednesdays.

- The practice referred patients who reported feeling isolated to a local art and gardening project to improve their social well-being and physical activity.

The practice's uptake for the cervical screening programme was 85%, which was comparable to the national average of 82%. There was a policy to offer telephone and written reminders for patients who did not attend for their cervical screening test.

- The practice ensured a female sample taker was available.
- The practice encouraged its patients to attend national screening programmes for bowel and breast cancer screening.
- 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.

Childhood immunisation rates for the vaccinations given were comparable to local clinical commissioning group (CCG) averages. For example, childhood immunisation rates for the vaccinations given to children aged below two years ranged from 17% to 100% (CCG average 10% to 69%), and for five year olds from 76% to 96% (CCG average 71% to 94%).

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and helpful to patients and treated them with dignity and respect. We saw a nurse assisting a frail patient from the waiting area to the treatment room.

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

All of the 37 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with six patients including two members of the practice's patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. They said that staff had responded compassionately when they needed help, and provided support when required.

Results from the national GP patient survey published on 7 January 2016 showed patients felt they were treated with compassion, dignity and respect. The practice was performing in line with local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 92% of patients said the GP was good at listening to them compared to the local clinical commissioning group (CCG) average of 86% and the national average of 89%.
- 84% of patients said the GP gave them enough time (CCG average 83%, national average 87%).

- 94% of patients said they had confidence and trust in the last GP they saw (CCG average 94%, national average 95%).
- 87% of patients said the last GP they spoke to was good at treating them with care and concern (CCG average 83%, national average 85%).
- 94% of patients said the last nurse they spoke to was good at treating them with care and concern (CCG average 87%, national average 91%).

Patient satisfaction regarding receptionists was above average;

- 95% of patients said they found the receptionists at the practice helpful (CCG average 87%, national average 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. We also saw that care plans we reviewed were personalised.

Results from the national GP patient survey published on 7 January 2016 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

- 88% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83% and the national average of 86%.
- 78% of patients said the last GP they saw was good at involving them in decisions about their care (CCG average 78%, national average 82%).
- 89% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the (CCG average 81%, national average 85%).

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

- Staff told us that translation services were available for patients who did not speak or understand English. We

Are services caring?

did not see notices in the reception areas informing patients this service was available but this information was available on the practice's website and in their patient leaflet at the reception desk. Staff placed alerts on the records of patients who required an interpreter.

- Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

The practice had a dedicated carer's display board in the waiting area which had a variety of written information to direct carers to the various avenues of support available to them. Information about support groups was also available on the practice website.

- The practice had identified 303 patients as carers (3% of the practice list) directly from their practice list but also from patients who had signed up to a local carers support group.

- The practice's health care assistant (HCA) was responsible for recording the carer status of patients.
- The practice's computer system alerted GPs if a patient had caring responsibilities. The practice used these alerts to prioritise carers for appointments where possible, and the HCA sent details of patients who were carers to the local support group who provided the patients with further support.

Staff told us that if families had suffered bereavement, their usual GP contacted them and sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service. The practice was the lead on bereavement services for the locality. They hosted a bereavement counsellor at the practice, and they had designed a comprehensive leaflet for bereaved patients advising them on how to cope with practical and emotional aspects of 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 local clinical commissioning group (CCG) to secure improvements to services where these were identified. For example, in August 2015, they participated in a three month CCG pilot to provide physiotherapy services at the practice with an aim to improving patients' physical health. At the time of our inspection, the practice manager informed us that the pilot had not formally assessed the impact on patients' outcomes, but they planned to repeat the pilot in May 2016 as it had been popular with patients who had used the service.

- The practice offered a 'Commuter's Clinic' on three days during the week until 7.30pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice offered a daily in-house phlebotomy service and 24 hour blood pressure monitoring to reduce the need for patients to visit local hospitals.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS. Patients requiring vaccines only available privately were directed to other clinics.
- There were disabled facilities, a hearing loop and translation services available.

Access to the service

The practice was open between 8.00am and 6.30pm Monday to Friday and was closed on bank holidays and weekends. It offered extended hours from 6.30pm to 7.30pm on Tuesdays, Wednesdays and Thursdays. Appointments were available from 8.00am to 11.40am and from 2.00pm to 6.20pm on Mondays, 8.30am to 11.50am and 2.00pm to 7.20pm on Tuesdays Wednesdays and Thursdays, and from 8.40am to 12.20pm and 2.00pm to 5.50pm on Fridays.

In addition to pre-bookable appointments that could be booked up to two weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey published on 7 January 2016 showed that patient's satisfaction with how they could access care and treatment was in line with local and national averages in the following areas:

- 81% of patients were satisfied with the practice's opening hours compared to the local clinical commissioning group (CCG) average of 74% and the national average of 75%.
- 86% of patients were able to get an appointment to see or speak to see someone the last time they tried (CCG average 80%, national average 85%).

Patient satisfaction was above average in the following area:

- 84% of patients said they could get through easily to the practice by phone (CCG average 66%, national average 73%).

There were four comments from the 37 care quality commission comment cards we reviewed, regarding difficulties getting appointments. Although two comments raised concerns over long waiting times once patients had arrived for appointments, the GP patient survey showed 72% of patients felt they did not normally have to wait too long to be seen. This was above the CCG average of 51% and the national average of 58%.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- 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 in the practice's patient leaflet and on their website.

We looked at eight complaints received in the last 12 months and found they were dealt with in a timely way, openness and transparency. Lessons were learnt from individual concerns and complaints and also from analysis

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

of trends and action was taken to as a result to improve the quality of care. For example, following a complaint regarding a miscommunication between a patient and a member of staff, the practice manager acknowledged the

complaint in writing the same day, explained actions the practice had taken in relation to the complaint and employed staff management procedures to prevent the same thing happening again.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had a mission statement; it was not displayed in the waiting areas but all of the staff members we spoke with knew and understood the values.
- The practice described a strategy to extend the building to increase its capacity, and to offer more appointments for patients. At the time of our inspection, they were in the process of applying for planning permission. They had supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

The practice had a governance framework with structures and procedures in place which ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff, but there was no policy for safeguarding adults.
- A good 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 and issues, and implementing mitigating actions.

Leadership and culture

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

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of

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

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

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the practice manager. All staff were involved in discussions about how to run and develop the practice, and the practice manager encouraged all members of staff to identify opportunities to improve the service delivered by the practice.
- Staff had a dedicated exercise room at the practice, which was installed to improve their physical well-being.

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 its virtual patient participation group (PPG) of 148 members, and through surveys and complaints received. The PPG liaised regularly via an online networking forum regularly and submitted proposals for improvements to the practice management team. For example, they had responded to feedback from the PPG by displaying more patient information at the entrance to 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 had gathered feedback from staff through regular informal ad-hoc discussions, staff meetings and appraisals. 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 in improving how the practice was run. We saw a positive example of

how the practice's leaders had responded to staff feedback; new anti-glare windows had been installed in the waiting area to reduce the amount of glare which previously adversely affected receptionists when working at their desks. Receptionists we spoke with gave us positive feedback regarding this change.