

Dr Lawrence and partners

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 Lawrence and partners on 10 May 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 for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Emergency medicine was checked regularly, however, the hypodermic needles in the emergency kit were out of date. These were replaced during the inspection and included in the list of checks to be carried out.
- 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 they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns, however, verbal complaints were not recorded at the practice.
- Patients said there were appointments available, but that getting through to the practice on the telephone could be difficult. 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 improvement are:

- Review how patients access appointments by telephone.

Summary of findings

- Review the process to record verbal complaints.
- Continue to build their Carers register and to increase awareness of support available wherever possible.

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 for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.
- Emergency medicines was checked regularly, however, the hypodermic needles in the emergency kit were out of date. These were replaced during the inspection and included in the list of checks to be carried out.

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

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.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

Good



Summary of findings

- 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 patient population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said that appointments were available but that getting through to the practice on the telephone was sometimes difficult. The practice was aware of this and had trialled different schemes to address the issue. They were promoting online services with the support of the patient participation group.
- Patients said 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. However, verbal complaints were not recorded at the practice. 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 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.

Good



Summary of findings

- 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 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.
- 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 patient population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice held a list of patients unable to leave the house and ensured they had access to repeat prescriptions over the telephone.
- Polypharmacy reviews were carried out for older patients between three and twelve monthly.

Good



People with long term conditions

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

- GPs and nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less was 79% compared to 78% within the Clinical Commissioning Group (CCG) and 81% at national average.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice provided a dedicated respiratory disease nurse who held a clinic once each week for patients with chronic breathing problems.
- The practice provided a GP led insulin initiation and monitoring clinic for patients newly diagnosed with diabetes.

Good



Families, children and young people

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

Good



Summary of findings

- There were systems 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 accident and emergency (A&E) attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- The percentage of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding 5 years was 82% compared to 87% within the clinical commissioning group (CCG) and 82% as a national average.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- Staff told us that the practice sent a letter congratulating families on their new baby/babies and attached a post-natal and a first immunisation appointment with this.
- Ante-natal whooping cough vaccine was offered to women who were 28 weeks plus into their pregnancy to help protect their unborn child/children.

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 help 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.
- The practice provided travel vaccinations and was a Yellow Fever designated centre.
- University students who returned during holiday periods were seen as temporary patients.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.

Good



Summary of findings

- The practice offered longer appointments for patients with a learning disability or complex 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.
- The practice visited residential homes for people living with dementia and those with a learning disability. Medication for these patients was reviewed on admission to the care home and then on a six monthly basis.

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).

- 84% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which is the same as the national average.
- 97% of patients with schizophrenia, bipolar affective disorder and other psychoses had their alcohol consumption recorded in the preceding 12 months which is better than the national average of 90%.
- 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.
- Staff had a good understanding of the Mental Capacity Act and best interests' decision making.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing variably in relation to local and national averages, with some areas being better and some worse. 253 survey forms were distributed and 107 were returned. This represented 1% of the practice's patient list.

- 57% of respondents found it easy to get through to this practice by telephone compared to the national average of 73%.
- 65% of respondents were able to get an appointment to see or speak with someone the last time they tried compared to the national average of 76%.
- 90% of respondents described the overall experience of this GP practice as good compared to the national average of 85%.
- 86% of respondents said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 35 comment cards and 34 were positive about the standard of care received although 11 of these did make reference to difficulty getting through to the practice by telephone. Patients said they received good care and treatment by the GPs at the practice, they were always treated respectfully and listened to, all staff were friendly and helpful and the practice was always clean.

We spoke with nine patients during the inspection including one member of the patient participation group (PPG). All nine patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. However, one patient did say that it was hard to get through to the practice by telephone.

Areas for improvement

Action the service SHOULD take to improve

The areas where the provider should make improvement are:

- Review how patients access appointments by telephone.
- Review the process to record verbal complaints.
- Continue to build their Carers register and to increase awareness of support available wherever possible.

Dr Lawrence and partners

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Dr Lawrence and partners

Dr Lawrence and partners is also known as Lowfield Medical Centre. It is located in a town centre urban area of Dartford, Kent and provides primary medical services to approximately 5,900 patients. The practice is based in a non-purpose built building which has been converted to improve accessibility for patients.

The practice patient population is similar to national averages but there are less working age males on the practice list than the national average and more female children between five and nine years and fifteen and nineteen years. There are also slightly more working age females than the national average (from 30 - 54 years). It is in an area where the population are mixed in terms of levels of deprivation. The area has a broad socio-economic mix and a broad ethnic mix. There are people who live in the area who do not have English as their first language and there is some transient population.

There are five GP partners at the practice, one male and four female. The practice is registered as a GP training practice, for doctors seeking to become fully qualified GP's.

There are four female members of the nursing team; three practice nurses and one health care assistant/ phlebotomist. GP's and nurses are supported by a practice management team and reception/administration staff.

The practice is open from Monday to Friday between 8.30am and 6.30pm except for Wednesday when the practice closes at 1pm. Between 8am and 8.30am reception staff and a GP are in the practice and there is an emergency number for patients to call. Appointments are from 8.30am to 12.00 noon and from 3pm to 6.30pm. On Wednesday afternoons the telephones at the practice are answered and there is a GP on call for emergencies. Extended hours appointments are available one Saturday morning each month, every Thursday and alternate Wednesday evenings from 6.30pm to 8.30pm as required. Appointments can be booked over the telephone, online or in person at the practice. Patients are provided with information on how to access an 'out of hours' provider by calling the surgery and in the practice leaflet.

The practice runs a number of services for its patients including; chronic disease management, anti-coagulation clinics, new patient checks, minor surgery, family planning, counselling and travel vaccines and advice.

Services are provided from 65-67 Lowfield Street, Dartford, Kent, DA1 1HP.

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 planned to check whether the provider is meeting the legal

Detailed findings

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 10 May 2016. During our visit we:

- Spoke with a range of staff including four GPs, a practice nurse, the practice management team, non-clinical staff members and with patients who used the service.
- Observed how patients were being cared for in the reception and waiting area and 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 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 help prevent the same thing happening again.
- The practice carried out a thorough analysis of the 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, where a patient was not informed of test results and had antibiotic treatment delayed due to a lack of communication between GPs, protocol was changed to reduce the risk of this happening again.

Overview of safety systems and processes

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

- There were arrangements to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare and this information was displayed in treatment and consulting rooms. 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.

- 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. There was an 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 and staff had received up to date training. An infection control audit had been undertaken in May 2016 and we saw evidence that action was taken to address any issues identified.
- 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). There were processes for handling repeat prescriptions which included the review of high risk medicines. The practice had carried out two recent prescribing audits, to help ensure prescribing was in line with best practice guidelines for safe prescribing. Both audits had demonstrated improvements at the practice. Blank prescription forms and pads were securely stored and there were systems 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. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- We reviewed six 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.

Are services safe?

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to help ensure the equipment was safe to use and clinical equipment was checked to help ensure it was working properly. The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. For example, the practice was using a practice management team, where three people with different strengths were providing input into the management strategy. There was a rota system for all the different staffing groups to help ensure enough staff were on duty. The practice also had a system to help ensure that staff holidays were organised with enough staff available to cover extra shifts. The practice also employed locum GPs to cover any short fall in GP sessions when required.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely. However, there were hypodermic needles in the emergency medicines kit that were out of date. These were replaced during the inspection and included in the list of checks to be carried out.
- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact telephone numbers of 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 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. We saw that this information was disseminated to all GPs and locum GPs and was stored on a shared drive on the practice computer system so that it was accessible.
- The practice monitored that these guidelines were followed through informal daily lunchtime meetings, partner meetings, 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 100% of the total number of points available. There were a number of domains where exception reporting was significantly higher than the clinical commissioning group (CCG) or national averages. (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). For example, The percentage of patients with coronary obstructive pulmonary disease (COPD) who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months had an exception report of 25% compared to the CCG average of 14% and the national average of 11%. The practice provided information to CQC within 48 hours of the inspection to explain some of the high exception rates.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/2015 showed:

- Performance for diabetes related indicators were better or comparable to the national average. For example, The percentage of patients with diabetes, on the register, who had influenza immunisation in the preceding 1 August to 31 March (01/08/2014 to 31/03/2015) was 97% (94% at both CCG and national average); the percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months (01/04/2014 to 31/03/2015) was 94% compared to 87% within the CCG and 88% at national average.
- Performance for mental health related indicators was comparable to the national average. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2014 to 31/03/2015) was 93%, compared to 86% CCG average and 88% national average.

There was evidence of quality improvement including clinical audit.

- There had been six clinical audits completed in the last two years and all of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation and research. Peer review was part of an informal daily meeting by all GPs.
- Findings were used by the practice to improve services. For example, recent action taken as a result included the implementation of an annual audit into minor surgery post-operative infection rates. An audit carried out in 2014 and repeated in 2016 demonstrated that none of the identified patients had developed a post minor operative infection and the intention of the annual audit was to help ensure the maintenance of high standards.

Information about patients' outcomes was used to make improvements at the practice. For example, there was a focus on vaccinating pregnant women for whooping cough after a case of neonatal whooping cough was identified in the county. This was also the subject of a complete clinical audit cycle. The practice worked proactively to improve health outcomes by offering an insulin initiation clinic for patients with diabetes.

Effective staffing

Are services effective?

(for example, treatment is effective)

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

- The practice had an induction programme for all newly appointed staff both clinical and non-clinical. 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. One of the nurses had trained to be independent prescriber and members of the nursing team had lead roles which were underpinned with extra training in areas such as diabetes.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes. For example, by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- 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. Meetings took place with other health care professionals on a three monthly basis when care plans were routinely reviewed and updated for patients with complex needs. The care and treatment of those patients on the palliative care register were discussed at each of these meetings, as were any patients who had an unplanned admission into hospital.

Consent to care and treatment

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

- We saw that the practice sought written consent for family planning and minor surgery procedures. Forms were printed so that the patient could sign their consent. Forms were then scanned back onto that patients electronic notes.
- 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, smoking and alcohol cessation. Patients were signposted to the relevant service.
- Counselling and smoking cessation services were available by self-referral.

The practice's uptake for the cervical screening programme was 82%, compared to the CCG average of 87% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for

Are services effective? (for example, treatment is effective)

their cervical screening test. The practice ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening and the uptake was comparable to the CCG and national average. For example, females, 50-70, screened for breast cancer in last 36 months was 77% compared to the CCG average of 74% and the national average of 72%, Persons, 60-69, screened for bowel cancer in the last 30 months was 54% compared to the CCG average of 57% and the national average of 58%. There were systems to help 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 CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 69% to 98% compared to the CCG average of 70% to 93% and five year olds from 87% to 93% compared to the CCG average of 83% and 94%.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Staff had access to a private area if patients wished to discuss sensitive issues or appeared distressed.
- Music played quietly in the waiting area to detract from conversation at the reception desk and aid confidentiality.

Thirty-four of the 35 patient Care Quality Commission comment cards we received were positive about the service experienced although eleven of these did also reference the difficulty in getting through to the practice by telephone. 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 a member of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 96% of respondents said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 87% and the national average of 89%.
- 94% of respondents said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.

- 97% of respondents said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.
- 92% of respondents said the last GP they spoke with was good at treating them with care and concern compared to the CCG average of 81% and the national average of 85%.
- 83% of respondents said the last nurse they spoke with was good at treating them with care and concern compared to the CCG average of 90% and the national average of 91%.
- 92% of respondents said they found the receptionists at the practice helpful compared to the CCG average of 86% 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. We also saw that care plans were personalised.

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

- 85% of respondents 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%.
- 80% of respondents said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 77% of respondents said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

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

- Staff told us that the GPs at the practice spoke seven different languages between them and had not therefore needed to use a translator.
- Information leaflets were available in easy read format.

Are services caring?

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 15 patients as carers (0.25% of the practice list). New patients were asked

at the point of registration whether they were a carer. The practice offered influenza vaccinations to carers and written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them and this call was either followed by a visit to the family or a consultation at a flexible time and location to meet the family's needs and by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its 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 extended hours clinics one Saturday morning each month, every Thursday and alternate Wednesday evenings from 6.30pm to 8.30pm.
- 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.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately and the practice was a designated Yellow Fever centre.
- The premises and services had been adapted to meet the needs of patients with disabilities. were disabled facilities. There was a hearing loop and the GPs spoke seven different languages between them.
- The practice reception was on the first floor and there was a lift to facilitate access. There was also a wheelchair ramp for use on a small flight of stairs on the first floor.
- There was access to a ground floor treatment room if required.
- The practice had baby changing facilities on the ground floor.
- Other reasonable adjustments were made and action was taken to remove barriers when patients found it hard to use or access services. For example, the nurses had appointments available until 6.30pm three times each week.

Access to the service

The practice was open from Monday to Friday between 8.30am and 6.30pm except for Wednesday when the practice closed at 1pm. Between 8am and 8.30am reception staff and a GP were in the practice and there was an emergency number for patients to call. Appointments

were from 8.30am to 12.00 noon and from 3pm to 6.30pm. On Wednesday afternoons the telephone at the practice was answered and there was a GP on call for emergencies. Extended hours appointments were available one Saturday morning each month, every Thursday and alternate Wednesday evenings from 6.30pm to 8.30pm as required. Appointments could be booked over the telephone, online or in person at the practice. In addition to pre-bookable appointments that could be booked up to one week in advance, urgent appointments were also available for people that needed them. Patients were provided with information on how to access an 'out of hours' provider by calling the surgery and in the practice leaflet.

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

- 79% of respondents were satisfied with the practice's opening hours compared to the CCG average of 74% and the national average of 78%.
- 57% of respondents said they could get through easily to the practice by telephone compared to the CCG average of 66% and the national average of 73%.

People told us on the day of the inspection that it was difficult to access the practice by phone but that they were able to get appointments when they needed them.

- The practice carried out a review of the telephone system and forwarded this to CQC within 48 hours of the inspection. This detailed the action already taken, for example, following the annual 2015 Patient Survey, an Automated Call Distribution system was implemented to distribute telephone calls automatically in order to reduce call waiting times. It also confirmed an appointment with a telephone service provider to look at how to improve the time it took for a patient to get through to a receptionist.

The practice had a system to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

Staff told us that a duty doctor spoke with patients requiring home visits or emergency appointments in advance to gather information to allow for an informed decision to be made on prioritisation according to clinical need. In cases where the urgency of need was so great that

Are services responsive to people's needs?

(for example, to feedback?)

it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

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

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

receptionists had complaints leaflets and forms to give to patients on request. The practice placed a complaints poster and information in the practice waiting areas within 48 hours of the inspection.

We looked at six complaints received in the last 12 months and found that these were dealt with in a timely way with openness and transparency. Lessons were learnt from complaints and action was taken as a result to improve the quality of care. For example, we saw that each point in the complaints were responded to, that apologies were offered to patients and that the complaints and their outcomes were shared in practice meetings. However, verbal complaints were not recorded at the practice.

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 to provide excellent, compassionate patient-centered care and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures and helped 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 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 to help 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 to help 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 records of written correspondence.

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

- Staff told us the practice held regular team meetings and that informal meetings were held with all GPs on the premises daily at lunchtime.
- 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. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice. For example, one member of the staff team had identified that the practice had two email accounts and proposed that one be used for practice specific mail and the other be used by patients to raise non-urgent queries. This had been adopted by the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, an action plan was developed in response to the practice led patient survey in 2016. This focused on reducing telephone waiting times by promoting on-line appointments and repeat

Are services well-led?

Good 

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

prescriptions, by providing health related information on the practice website and by making changes to the incoming call queue length for patients, and monitoring this.

- The practice had gathered feedback from 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 staff team had opportunities to develop and were supported to do so. The practice management team helped ensure that knowledge of compliance and strategy was embedded. The practice was involved in training new GPs and currently had one GP registrar in training. One of the partners at the practice was training to become a clinical supervisor. Three of the partners at the practice were former trainees. The partners attended external clinical commissioning group (CCG) protected learning time events and participated in meetings and educational events to improve services for patients.