

Kelsey Healthcare Limited

Quality Report

Beckenham Beacon
379 Croydon Road
Beckenham
BR3 3FD
Tel: 020 8915 3100
Website: catormedicalcentre.co.uk

Date of inspection visit: 3 August 2016
Date of publication: 01/11/2016

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

Ratings

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

Summary of findings

Contents

Summary of this inspection

| | Page |
|---|------|
| Overall summary | 2 |
| The five questions we ask and what we found | 3 |
| The six population groups and what we found | 5 |
| What people who use the service say | 9 |

Detailed findings from this inspection

| | |
|---|----|
| Our inspection team | 10 |
| Background to Kelsey Healthcare Limited | 10 |
| Why we carried out this inspection | 10 |
| How we carried out this inspection | 10 |
| Detailed findings | 12 |

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Kelsey Healthcare Limited on 3 August 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.

- 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 improvement are:

- Ensure systems are in place to monitor the use of blank prescription pads
- Ensure appropriate systems are in place for portable appliance testing (PAT).

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 clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were in line with 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 in line with the national averages for the majority of aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



Summary of findings

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment because appointments were available throughout the day 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.

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.
- 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 had been recently established but were positive about their future impact.
- There was a focus on continuous learning and improvement at all levels.

Good



Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- All older people had a named GP. The named GP is responsible for repeat prescribing, dealing with paperwork and leading on home visits for all their allocated patients.
- The practice participated in the unplanned admissions direct enhanced service and 143 older patients had a current care plan in place. There was a dedicated patient liaison office for patients on care plan.
- The practice provided medical care to three nursing homes. They had protocols in place outlining how and when registered patients could access GP care.
- The practice held quarterly multidisciplinary meetings which included discussions of the support needs for older population at home.
- Flu vaccinations were offered to all over 65s. The percentage of uptake was in line with the CCG rates.

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.
- There were 211 patients on the diabetes register.
- The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) was 5 mmol/l or less was 71%, which was 6% below the CCG average and 7% below the national average. The exception reporting rate for this indicator was 16% compared to the CCG rate of 10% and national rate of 12%.
- The percentage of patients with diabetes, on the register, in whom the last IFCC_HbA1c is 59mmol/mol or less in the

Good



Summary of findings

preceding 12 months was 63% which was 5% below the CCG average and 7% below the national average. The exception reporting rate for this indicator was 12% which was 4% above the CCG average and 0.2% above the national average.

- Staff managing patients with long term conditions had completed the Warwick Certificate for Optimizing Glycaemic control.
- In-house spirometry was offered.
- Longer appointments and home visits were available when needed.
- Most patients received structured annual review to check the 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.

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 Accident and Emergency (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.
- 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.
- Same day appointments were always offered to children.
- GP and midwife appointments were offered for antenatal care.
- The practice had a dedicated administrator who co-ordinated post-natal checks for all new mothers, six week developmental checks and also arranged childhood immunisations.

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).

Good



Summary of findings

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice held a contract with NHS England which meant they offer extended hours as part of their core service.
- On-line access was available to patients to book appointments and request repeat prescriptions.
- Telephone appointments were available throughout the day.
- Pre-bookable phlebotomy appointments were available from 8.00am to accommodate working population.
- Health checks were offered to patients aged 40-74 years old.

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 and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- 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.
- Translation services were available by telephone or face to face.

Good



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).

- 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.

Good



Summary of findings

- 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 6 January 2016. The results showed the practice was performing in line with local and national averages. Three hundred and eighty nine survey forms were distributed and 131 were returned. This represented 1.4% of the practice's patient list.

- 66% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 75% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 85% of patients described the overall experience of this GP practice as good compared to the national average of 85%.

- 83% 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 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 21 completed comment cards which were all positive about the standard of care received. Patients said that staff were friendly and professional, they were given information about treatment and the facilities in the practice were good.

We spoke with two patients during the inspection. Both patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. We reviewed the practices NHS friends and family test results. The results were positive with the majority of people saying they were extremely likely to recommend friends and family to the practice.

Kelsey Healthcare Limited

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 second CQC inspector, a GP specialist adviser, a practice nurse specialist adviser, and an Expert by Experience.

Background to Kelsey Healthcare Limited

Kelsey Healthcare Limited is a medium sized practice based in Bromley. The practice list size is approximately 9070. Whilst the practice population is diverse there are a higher than average number younger patients. There is a higher than England averages number of female patients aged 0-4 years, 25-44 years old. There is a higher than England average number of males aged 0-9 years and 25-44 years. The practice has a lower than England average number of male and female patients aged 45-85+ years. The practice holds an Alternative Provider Medical Services (APMS) contract.

The practice facilities include six GP consulting room, four nurse/ treatment rooms, two minor surgery rooms, two patient waiting rooms and seven staff and administration offices. The premises are wheelchair accessible and there are facilities for wheelchair users including a lift and disabled toilets and a hearing loop. Other facilities include baby changing facilities and wheelchair accessible toilets. There are lowered reception desks to enable wheelchair users to speak with staff at the reception.

The staff team compromises of seven GPs. There is one partner, one GP retainer (The GP Retainer Scheme is intended as short term support for GPs who have family

commitments or health problems which restrict them from working in General Practice in the usual way as partners or salaried GPs) and five salaried GPs. The GP partner works eight sessions a week (female); the GP retainer works four sessions a week; three salaried GPs work eight sessions a week (one male and one female) and another salaried GP works two sessions a week. Other staff included four female nurses and two health care assistants (one male and one female), a female practice manager, a male business manager, thirteen receptionists (part-time workers), six administrators, one reception supervisor and a finance officer.

The practice is open between 8.00am to 7.30pm Monday to Thursday; 8.00am to 6.30pm on Fridays and 8.00am to 12.00pm on Saturdays. When the practice is closed patients are directed (through a recorded message on the practice answerphone) to contact the local out of hour's provider. This information is also available on the practice website. The practice is based in the same building at the local urgent care centre. Posters are available to make patients aware of this as well.

The practice is registered as a limited company with the Care Quality Commission (CQC) to provide the regulated activities of; family planning; surgical procedures; diagnostic and screening procedures; maternity and midwifery services; treatment of disease, disorder or injury.

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 3 August 2016. During our visit we:

- Spoke with a range of staff (four GPs, two practice nurses, the practice manager, the business support manager, eight administration and reception staff) and 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. All the staff we spoke with knew where to locate the recording form. 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. For example we saw paperwork relating to an incident that had occurred. We saw that the incidents were investigated and where appropriate the patient had received an apology or an explanation.
- The practice carried out a thorough analysis of the significant events. There had been five significant events in the last 12 months. All of the significant events had been handled in line with the organisations policy. A thorough analysis carried out and learning recorded.

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 safety alert relating to vaccines was received on the 16 May 2016. We saw that the alert had been disseminated to staff including the nursing staff for them to action.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. A

safeguarding policy was accessible to all staff. The policy clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. One of the GPs was the lead member of staff for safeguarding and another GP was the deputy. We saw evidence that the GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. One of the GPs gave us an example of a recent safeguarding meeting they had attended. They outlined the action taken by the practice to ensure the best interests' of the vulnerable person was considered. 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 level three. The nurses were trained to level two and most of the administration staff were trained to level one. All staff we spoke with demonstrated understanding of safeguarding issues.

- Notices in the waiting rooms and consultation rooms 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. The practice was contained within a health centre and general domestic cleaning was carried out by the facilities management services team. We saw copies of the cleaning schedules which included the practice. We observed the premises to be clean and tidy.
- The lead GP and one of the practice nurse's were the infection control clinical leads. There was an infection control protocol in place and staff had received up to date training. Infection control audits were not being undertaken at regular intervals. We saw evidence of an audit completed in July 2016. There were some areas for improvement which the practice was working towards. We discussed the lack of infection control audits. The business support manager told us that this was due to

Are services safe?

staff shortages. They discussed the steps they planned to implement which included appointing one of the new nurses to be the infection control lead and carry out infection control audits every three months.

- 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). Vaccine fridge temperatures were monitored and there were internal as well as external thermometers. There had been a recent incident with the fridges being turned off for a period of time. The practice had acted appropriately and was in the process of reviewing the fridge policy to prevent further incidents occurring.
- Processes were in place for handling repeat prescriptions which included the review of high risk medicines. We reviewed a sample of patients on high risk medicines. The required blood monitoring tests were being carried out and there was a system in place for contacting non-attenders.
- 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. Staff told us the pharmacy advisor met with the senior partner periodically to discuss the practice prescribing.
- Blank prescription forms and pads were securely stored however there were no systems in place to monitor their use. Following the inspection the practice confirmed they had implemented a new system whereby prescriptions were signed out with batch numbers recorded.
- 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. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment.) Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber. PSDs are written instructions from a qualified

and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis.

- We reviewed 10 personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available. The practice had up to date fire risk assessments and regular fire drills were carried out by the facilities management company. The risk assessments included all areas of the practice and copies of the assessments were made available to the practice. There were five appointed fire wardens. Fire alarms and smoke detectors were tested weekly.
- There was no formal system in place for portable appliance testing. Some electrical equipment had been checked approximately three years ago, however for some items there was no evidence of testing. The business manager explained that some items were new. They assured us that appropriate systems would be put in place to ensure appropriate testing of portable appliances was carried out. Clinical equipment was checked to ensure it was working properly. Calibration was conducted annually, having last been completed in November 2015. The facilities management company had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

Are services safe?

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available, on the premises. Oxygen was also available 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. The emergency medicines and equipment were checked daily by one of the nurses. 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. Staff attended local forums such as the CCG and nurses, and information was also disseminated at these meetings.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records. The senior GP told us that as a training practice education was important, therefore they ensured all staff received regular updates to ensure they remained effective.

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 92% of the total number of points available With 12% exception reporting compared with the Clinical Commissioning Group (CCG) average of 8% and the national average of 9%. (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).The practice explained that they did not fully achieve all points with the management of condition such as hypertension mental health, learning disabilities and asthma due to their shortages with nursing staff. Three new nurses had recently been recruited and the practice felt the additional staff would enable them to put a structured approach in place to carry out annual reviews for patients with learning disabilities, mental health problems and diabetic patients.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

There was evidence of quality improvement including clinical audit.

- There had been two clinical audits carried out in the last two years. Both were completed audits where the improvements made were implemented and monitored. For example the practice carried out an audit looking at patients receiving treatment for heart failure. The audit included 23 patients and looked at whether they were receiving the correct medication. In the first cycle in 2015, 11 out of 23 were on the correct medication. When the audit was repeated in January 2016 the number of patients on the correct medication had increased to 16.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions, cytology and immunisation updates. One of the nurses had completed an insulin conversion course, prescribing for minor ailments and cervical screening.
- 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. Staff had received an appraisal within the last 12 months. Staff we spoke with confirmed they found the appraisal system beneficial as it was their opportunity to discuss their development and identify new goals.

Are services effective?

(for example, treatment is effective)

- 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 monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act (MCA) 2005. One of the GPs had also provided a recent training session to all staff on the MCA as a refresher. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance. For example we saw consent forms signed by parents when their baby attended for their first baby immunisation appointment.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

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

- Alerts were put on the clinical system for vulnerable patients, patients who required interpreting services, 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 were also supported.
- The HCA provided one-to-one smoking cessation advice to patients. The practice had identified 1139 smokers. In 2014/15 they had referred 115 patients and 73 quit. This represented a 63% success rate.
- Patients at risk of developing a long term condition were monitored. For example, if a patient had an impaired glucose tolerance the practice would carry out an annual blood test to monitor their risk of developing diabetes. They also referred patients to a CCG programme called 'Walking away from diabetes' which was a lifestyle and education programme. Obesity referrals were also made to a 'heart start' programme. Patients could access subscriptions to weight loss and exercise programme if they were at risk of developing weight related problems.
- Dietician services were available in the community.

The practice's uptake for the cervical screening programme was 81%, which was comparable to the CCG average of 83% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Posters for these programmes were in all patient waiting areas. 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. If any problems were identified and the laboratory contacted the practice a letter was sent to the patient and they also called them to discuss. If they did not get a response from the initial contact they would send another letter and the nurse would also try to make contact. They also spoke with patients opportunistically when they attended the practice for other medical issues.

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

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 68% to 95% and five year olds from 83% to 99%. The CCG rates for the vaccinations given to under two year olds ranged from 71% to 95% and five year olds from 81% to 96%.

Patients had access to appropriate health assessments and checks such as NHS health checks and new patient checks,

although it was conducted on an ad-hoc basis. The practice carried out 40-74 health checks. They had achieved their target of inviting 20% of patients for the check on an annual basis. Figures for the last year showed they had invited 379 patients which represented 22% of patients being invited. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All of the 21 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 four members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. The group had been newly formed so whilst they could not tell us the impact the group had had, they were confident in being impactful in the future. 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 nurses. For example:

- 91% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 86% and the national average of 89%.
- 84% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.

- 96% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and the national average of 95%.
- 83% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 85% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 82% of patients 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:

- 84% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and the national average of 86%.
- 76% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 81% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

Are services caring?

- Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations such as counselling services, diabetes advice, baby immunisations and cancer support. 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 286 patients as carers (2.9% of the practice list). 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 or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

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 had a very good understanding of their local population. They had a higher than average number of young patients (higher than England averages of female and male patients aged 0-4 and 25-44 years). They also had a high number of patients from ethnic minorities. The GPs were very aware of their patient base and services were reflective of this.

- The practice held a contract with the local commissioning group which meant they offered appointments between 8.00am and 8.00pm Monday to Friday and 9.00am to 2.00pm on Saturdays.
- There were longer appointments available for various patients groups including patients with a learning disability, patients whose first language was not English and the elderly.
- 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.
- There were disabled facilities, lowered reception desk for wheelchair users and a hearing loop
- Translation services were available and patients were made aware via a poster in the reception area.

Access to the service

The practice was open between 8.00am and 7.30pm Monday to Thursday, 8.00am to 6.30pm Fridays and 8.00am to 12.00pm on Saturdays. Appointments were available throughout the days during the opening times. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

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

- 79% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 66% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

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

The practice had a system in place to assess:

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

Staff told us that any patient who calls in during opening hours will get an appointment on the day if they say they need to be seen. Patients we spoke with confirmed this. Appointment slots were reserved with each GP to accommodate urgent appointments. There was an appointments co-ordinator who monitored and analysed appointments including urgent appointments to make sure they did not overbook and allocated the appropriate numbers each day.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. There was information outlining how to complain on the practice website and a poster in reception area as well. Reception staff had copies of the complaints procedure and forms to distribute to patients if required.

The practice had received ten complaints in the last 12 months. The complaints related to both clinical and administration issues. We looked at three of the complaints in detail. We found that they had been responded to within appropriate time scales and explanations and apologies were given if applicable. Lessons were learnt from individual concerns and complaints and action was taken to as a result to improve the quality of care. For example,

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

one of the complaints related to a referral that had been made incorrectly. As a result of the complaint the practice reviewed their referral process. A new system was put into place whereby one of the senior GPs checked all referrals before they were sent off.

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 senior partner explained the vision for the practice and it was to provide good medical support to patients that are structured and well resourced.

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- The partners were clear about where improvements were required in the practice to enable them to improve the service. This included employing more GPs to offer patients more GP time and improving the practice nurse services offered.
- Examples of plans for the future included training one of the GPs to be a specialist in diabetes and becoming a hub for offering 24 hours ECG (echocardiograms) and blood pressure monitoring.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. Lead roles were assigned to staff including having leads for safeguarding, infection control, complaints, Mental Capacity and medicines management.
- Practice specific policies were implemented and were available to all staff. Policies were reviewed annually.
- A comprehensive understanding of the performance of the practice was maintained and monitored through various meetings held in the practice.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.

- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. For example they maintained a register of vulnerable patients and a child protection register.

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. Staff also appreciated the fact that the partners often attended their administration team meetings and social events. They felt this demonstrated that they were personable. Information was shared with them in a timely way and they felt involved in practice decisions.

The senior partner told us that they wanted to create a work environment for their staff that was comfortable. They explained that the leaders made themselves visible by holding regular meetings with the business managers, clinical staff and external partners.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (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. Clinical meetings were held weekly, business meetings were held monthly, general staff meetings twice a year, nursing and HCA meetings approximately every three months and reception meetings every four months.

Are services well-led?

Good 

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

- The practice also had clinical meetings once a month which they opened up to other local GP practices. An external speaker was involved to these meetings to encourage partnership working and information sharing.
- 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. The practice had plans to hold an away day in October 2016. The aim of the away day was for staff to have an opportunity to get together and discuss issues, learn and develop.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had recently formed a Patient Participation Group (PPG). There were plans in place for the group to meet regularly. At the time of our inspection there had been one meeting held in June 2016. We spoke with four members of the group (none of who had attended the meeting). Their feedback was very positive. They told us they were looking forward to the group influencing and improving their experiences as patients.

- The practice had gathered feedback from patients and acted on it. For example, patients had feedback that they need to be able to identify staff by name. They felt this would make the service more personable. As a result the practice provided name badges for all staff to wear.
- Patients were encouraged to provide feedback through surveys and to make complaints received.
- The practice had gathered feedback from staff through annual appraisals, staff meetings and surveys. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, the practice was a pilot practice for the CCG to test a new scheme for blood glucose monitoring machines. They contacted all patients who were appropriate to have their meter changed to standardise the use of certain machines in the locality. They were successful in standardising the blood glucose meters used in the practice.

The senior partner explained that they also looked at their QOF targets and strove to improve through getting better results. The senior partner gave us example of how they strove to improve. An example given was a suggestion made by one of the GPs to improve access to urgent appointments. They had found that the changes made had improved access for patients.

Other plans to improve included redesigning the premises to provide staff training facilities and other staff amenities.