

Dr King Stott and Pankhurst (Emperor's Gate Surgery)

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 King Stott and Pankhurst (Emperor's Gate Surgery) on 30 September 2015. Overall the practice is rated as good.

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.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded and monitored, appropriately. However, there were no consistent records to demonstrate that learning points from significant events were documented and shared with staff.
- Risks to patients were assessed and well managed including management of medicines, infection control and health and safety procedures.

- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training needs had been identified and planned.
- Patients said staff were helpful, caring, professional, and friendly and that they were involved in decisions about their care and treatment.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care. Urgent appointments were available the same day following telephone triage consultation assessment with the duty doctor.
- 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.

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

The provider should;

- Ensure that a legionella risk assessment is undertaken.

Summary of findings

- Ensure that learning from all significant events is clearly documented and shared with practice staff.
- Ensure all staff have received up to date training in safeguarding vulnerable adults.
- Ensure that sharps containing cytostatic or cytotoxic medicines are disposed of in line with national guidance.
- Ensure there is a system in place for monitoring distribution of prescription pads.
- Ensure training records include evidence that staff have completed online e-learning training modules.
- Ensure that there is an emergency alarm available in the patient toilet.

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. Staff understood their responsibilities to raise concerns and to report incidents and near misses. However, there were no detailed records to demonstrate that learning points from all significant events were documented and shared with staff. The practice had a named lead for safeguarding children and vulnerable adults and staff had received role appropriate training in child protection. The practice had performed up to date health and safety and fire risk assessments. The premises were clean and tidy and annual infection control audits were undertaken. The practice had accessible equipment and medicines for management of medical emergencies and staff had received up to date training in basic life support. Appropriate recruitment checks were carried out and there were enough staff to keep patients safe.

Good



Are services effective?

The practice is rated as good for providing effective services. QOF data from 2013/2014 showed the practice was performing in line with local and national averages. Staff referred to guidance from the National Institute for Health and Care Excellence and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation, including assessing capacity. The practice had measures in place for promoting health including access to dietician and smoking cessation advisor on site. Staff had received training appropriate to their roles and any further training needs had been identified through a system of annual appraisals and personal development plans for staff. The practice held monthly multi-disciplinary team meetings and three monthly meetings with community palliative care team to discuss and review care plans for patients with complex medical needs.

Good



Are services caring?

The practice is rated as good for providing caring services. Data from the National GP patient survey published in July 2015 showed that patients rated the practice higher than others for several aspects of care. For example, the practice was above the local average for its satisfaction scores on consultations with doctors and nurses. Patients said staff were helpful, caring, professional, and friendly and that they were involved in decisions about their care and treatment. Information for patients about the services available was

Good



Summary of findings

easy to understand and accessible. We also saw that staff treated patients with kindness and respect, and maintained confidentiality. The practice identified patients who were carers and offered them additional support if required.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services. It reviewed the needs of its local population with the Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. Patients said they found it easy to make an appointment with a named GP and that there was continuity of care. Urgent appointments were available the same day following telephone triage consultation assessment with the duty doctor. Results from the national GP patient survey showed patients were generally satisfied with the appointment system with 85% of respondents describing their experience of making an appointment as good which was above the local and national average. 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 that the practice responded quickly to issues raised in accordance with the complaints policy. Learning from complaints was shared with staff through annual review of complaints received.

Good



Are services well-led?

The practice is rated as good for being well-led. It had a clear vision and strategy. Staff had lead roles and were clear about their responsibilities. 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 staff meetings to discuss governance issues. There were systems in place to monitor and improve quality through review of performance data and independent clinical audit. The practice proactively sought feedback from patients through patient surveys, Friends and Family Test and comments and complaints received. There was evidence that the practice acted on feedback received. The practice had a small PPG which occasionally met and a virtual PPG which the practice communicated with via email. Staff had received inductions, regular performance reviews and attended staff meetings and events.

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. Older patients were given priority access to telephone consultations and home visits as required with longer appointments available for those with complex needs. There was a monthly practice multi-disciplinary team (MDT) attended by community nurses and social services to discuss and review care plans of frail older patients with a view to hospital admission avoidance. The practice had access to a Primary Care Navigator (PCN) who supported patients to access local health and social services and who also attended the monthly MDT meeting. The practice provided primary care services to a local residential home and held monthly MDT's with the care home staff, pharmacy advisor and dementia care nurse to discuss and review care plans of the residents at the home. Dementia screening was offered opportunistically during care plan review for older patients with onward referral to local memory services if required. The practice identified and offered support to patients who were also carers. There was a named lead for safe guarding vulnerable adults and staff were aware of their responsibilities to report concerns.

Good



People with long term conditions

The practice is rated as good for the care of people with long-term conditions. There was a monthly practice multi-disciplinary team (MDT) attended by community nurses and social services to discuss and review care plans of patients with long-term conditions who had complex medical needs with a view to hospital admission avoidance. The practice had access to a Primary Care Navigator (PCN) who supported patients over the age of 55 years to access local health and social services. The practice encouraged self-care for patients with long-term conditions through referral to the expert patient programme and sign-posting to local patient groups. Patients with complex medical needs had the option to book longer appointments if required. Quality Outcome and Framework (QOF) data for 2013/2014 showed the practices performance in long-term conditions was in line with local and national averages. The practice offered screening for Chronic Obstructive Pulmonary Disease (COPD) with in-house spirometry for patients who were smokers.

Good



Families, children and young people

The practice is rated as good for the care of families, children and young people. There was a named lead for safeguarding children and staff had received up to date role appropriate child protection

Good



Summary of findings

training. Urgent same day appointments were available for children who were unwell. They held a dedicated baby clinic for development reviews, child health surveillance and immunisations. The practice offered GP led antenatal and postnatal care that included screening for postnatal depressions. Sexual health screening was offered if requested. The practice provided family planning services including a full range of contraception options available. Cervical smears were offered in line with national guidance and uptake rates were in keeping with local and national averages.

Working age people (including those recently retired and students)

Good



The practice is rated as good for the care of working-age people (including those recently retired and students). Extended hour appointments were available for those patients unable to attend the practice during normal hours. Telephone and skype video consultations were also available for patients who were unable to attend the practice in person. There was the facility to book appointments and request repeat prescriptions online. The practice offered NHS Health checks to patients aged 40 – 74 years and proactively followed up on any issues detected at these checks.

People whose circumstances may make them vulnerable

Good



The practice is rated as good for the care of people whose circumstances may make them vulnerable. There were disabled facilities and a hearing loop available. The practice maintained a register of patients with learning disabilities and these patients were invited for annual health checks and care plan reviews. The practice list was open to homeless people to register and receive medical care. There was access fortnightly to a substance misuse liaison to support patients with drug and alcohol misuse problems. There was a named lead for safeguarding vulnerable adults and staff were aware of their responsibilities to report concerns.

People experiencing poor mental health (including people with dementia)

Good



The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). The practice had access to an in-house counsellor twice weekly. They had support from the community mental health team including a primary care liaison nurse to assist with management of patient experiencing poor mental health. Clinical staff attended quarterly meetings with the community mental health team psychiatrist to discuss the management plans of patients being stepped down from secondary to primary care. QOF data for mental health related indicators was in line with local and national averages. The practice

Summary of findings

offered opportunistic screening for dementia to elderly patients during care plan review with referrals on to local memory clinics if required. Dementia care included end of life planning, referral to local support groups and identification of carers.

Summary of findings

What people who use the service say

The national GP patient survey results published on 2 July 2015 showed the practice was performing in line with local and national averages. There were 104 responses and a response rate of 23%.

- 94% find it easy to get through to this surgery by phone compared with a CCG average of 85% and a national average of 73%.
- 87% find the receptionists at this surgery helpful compared with a CCG average of 86% and a national average of 87%.
- 61% with a preferred GP usually get to see or speak to that GP compared with a CCG average of 65% and a national average of 60%.
- 89% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 87% and a national average of 85%.
- 91% say the last appointment they got was convenient compared with a CCG average of 91% and a national average of 92%.

- 85% describe their experience of making an appointment as good compared with a CCG average of 79% and a national average of 73%.
- 83% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 65% and a national average of 65%.
- 72% feel they don't normally have to wait too long to be seen compared with a CCG average of 58% and a national average of 58%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 55 comment cards and the majority were positive about the standard of care received. Patients described staff as caring, professional, supportive and knowledgeable and felt the environment was safe, hygienic and tidy.

Dr King Stott and Pankhurst (Emperor's Gate Surgery)

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, a practice manager specialist adviser and an Expert by Experience.

Background to Dr King Stott and Pankhurst (Emperor's Gate Surgery)

Dr King Stott and Pankhurst (Emperor's Gate Surgery) is a well-established GP practice located in Kensington within the London Royal Borough of Kensington and Chelsea and is part of the NHS West London Clinical Commissioning Group (CCG) which is made up of 37 GP practices. The practice shares the premises building with local community services. The practice building is owned by a registered charity who jointly manages the premises with NHS Property Services.

The practice provides primary medical services to approximately 5,900 patients. The practice holds a core General Medical Services contract.

The practice team comprises of three full-time female GP partners, one part-time male GP employed for two sessions, two part time female practice nurses, a practice manager and four administration staff. The practice is a training practice and hosts three GP's in training.

The practice opening hours are 8.30am to 7.00pm Monday to Thursday and 8.30am to 6.00pm on Friday. The practice is closed daily for lunch between 1.30pm and 2.00pm with the exception of Thursday when it is closed from 1.00pm to 3.00pm. Phone lines are managed for medical emergencies during the lunch time period. Appointments are from 8.30am to 12.30pm and 2.00pm to 6.30pm Monday and Tuesday, 8.30am to 12.30pm and 4.00pm to 6.30pm on Wednesday, 08.30am to 12.30pm and 3.00pm to 6.30pm on Thursday and 8.30am to 12.30pm and 2.00 pm to 5.00pm on Friday. Extended hours appointments are offered from 7.00am to 8.00am on Tuesday and from 6.30pm to 7.30pm on Wednesday and Thursday. The out of hours services are provided by an alternative provider. The details of the out-of-hours service are communicated in a recorded message accessed by calling the practice when it is closed and on the practice website.

The practice provides a wide range of services including diabetes clinics, antenatal services, minor surgery, well woman clinic, Chronic Obstructive Pulmonary Disease (COPD) clinics and child health care. The practice also provides health promotion services including smoking cessation advice and flu immunisation clinics.

The age range of patients is predominately 25-49 years and the number of 0-9 years and 25-49 year olds is greater than the England average.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme. The practice had previously been inspected by the Care Quality Commission

Detailed findings

on 14 May 2014. This was not part of the CQC's new methodology and as a result the practice did not receive a rating. We have re-inspected this location to give the practice a rating for the services they provide.

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

How we carried out this inspection

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

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

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

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

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 30 September 2015. During our visit we spoke with a range of staff, including GPs, practice nurse, practice manager and administration staff, and spoke with patients who used the service. We observed how people were being cared for and talked with carers and/or family members and reviewed the personal care or treatment records of patients. We reviewed comment cards where patients and members of the public shared their views and experiences of the service.

Are services safe?

Our findings

Safe track record and learning

There was an open and transparent approach and a system in place for reporting and recording significant events. People affected by significant events received a timely and sincere apology and were told about actions taken to improve care. Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system. Reported significant events were discussed at the weekly clinical meeting, but there was no formal log of all events reported or annual analysis.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. Significant events were discussed at the weekly clinical meeting, however there were no documented learning points or action plans to improve services in the meeting minutes we reviewed. The significant event reporting forms included sections on lessons learnt and action plans but we did not see evidence that these were shared with other members of the practice team. For example, a significant event was reported following an incident when microbiology results were not checked and acted on in a timely manner. The action plan from this event was to highlight the importance of review pathology results when prescribing antibiotics at the next practice meeting, however it was not clear from minutes if this occurred.

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance. This enabled staff to understand risks and gave a clear, accurate and current picture of safety.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep people safe, which included:

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements and 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. Posters with safeguarding information including contact details were displayed in consultation rooms. Information on reporting cases of female genitalia

mutilation was also displayed in consultation rooms and clinical staff we spoke with were aware of their responsibilities to report any suspected cases. One of the GP partners was the 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 child protection training relevant to their role. However, two administration staff and one clinical staff member had not received recent training in safeguarding vulnerable adults.

- A notice was displayed in the waiting room, advising patients that GPs/nurses would act as chaperones, if required. All staff who acted as chaperones had received a disclosure and barring check (DBS). (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).
- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available and the practice manager carried out regular office risk assessments to ensure the policy was being followed. We saw the most recent risk assessment carried out in August 2015 and that action plans had a named person with an expected completion date identified. The practice had up to date fire risk assessments, however fire alarms were not tested weekly as this was the responsibility of the landlord of the property. The practice had identified this as an issue in their August 2015 fire risk assessment and had been in contact with the landlord to rectify this with an expected completion date of end of October 2015. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health (COSHH) and infection control. There was no evidence that a risk assessment for legionella had been conducted which we were told was the responsibility of the landlord of the property. This had been identified in the last infection control audit in November 2014 however, there was no evidence

Are services safe?

that this had since been undertaken. It was noted that the practice did not have purple containers for the disposal of sharps containing cytostatic or cytotoxic medicines.

- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. Cleaning was carried out by an external contractor and we saw the cleaning schedules for this. Monthly spot check audits were carried out by the external cleaning contractor. One of the practice nurses was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Regular medication audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Prescription pads were kept in a locked drawer however, the room where they were kept was not routinely locked. There was no system in place to monitor incoming supply and subsequent distribution of prescription pads by recording serial numbers.
- Recruitment checks were carried out and the four files we reviewed showed that 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.

- 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 different staffing groups to ensure that enough staff were on duty.

Arrangements to deal with 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. However, it was noted there was no emergency alarm in the patient toilet. The practice had access to a defibrillator with adult and paediatric pads and an oxygen cylinder with adult and children's masks, both of which were regularly checked to ensure they were fit for use. There was a first aid kit and accident book. 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 fit for use. All staff received annual basic life support training.

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 carried out assessments and treatment in line 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 ensure all clinical staff were kept up to date and discussed new guidelines and relevant clinical cases at the weekly clinical meeting. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs. The practice monitored that these guidelines were followed through risk assessments and audits.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Current results were 97.7% of the total number of points available, with 6.3% exception reporting. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2013/2014 showed;

- Performance for diabetes related indicators was 93.4% which was similar to the CCG average of 86.4% and national average of 90.1%.
- The percentage of patients with hypertension in whom the last blood pressure reading was 150/90mmHg or less was 86.5%, which was similar to the CCG average of 80.8% and the national average of 83.1%
- Performance for mental health related and hypertension indicators was better than the CCG average and similar to the national average
- The dementia diagnosis rate was comparable to the CCG and national average.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and people's outcomes. There had been four clinical audits completed in the last two years, three of these were completed audits where the improvements made were implemented and monitored. Independent practice led audits were carried out in addition to audits linked to prescribing schemes. The

practice participated in applicable local audits, national benchmarking and peer review. Findings were used by the practice to improve services. For example, the practice had completed a quality improvement project to increase the opportunistic diagnosis of osteoporosis. This project created an alert on the electronic records of patients at risk of osteoporosis to prompt doctors to complete a risk assessment calculation and then initiate investigation or treatment of osteoporosis if appropriate. Following the implementation of this system the practice audited patient notes and found more patients at risk of osteoporosis were receiving appropriate assessment and treatment.

Information about patients outcomes was used to make improvements. For example, the practice used benchmarking data from the CCG on unplanned accident and emergency attendances and referral data to review and improve service. This data was discussed at clinical meetings and they held weekly referral meetings to review referrals to secondary care to ensure these were appropriate. We were told there had been subsequent improvement in referral rates as a result of initiating the referral meeting.

Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, fire safety, health and safety and confidentiality.
- 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 these learning needs and to cover the scope of their work. This included on-going support during sessions, one-to-one meetings, appraisals, clinical supervision and support for the revalidation of doctors. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training. However, there were no certificates or records to confirm e-learning training modules had been completed by staff.

Are services effective?

(for example, treatment is effective)

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 test results. Information such as NHS patient information leaflets were also available. All relevant information was shared with other services in a timely way, for example when people were referred to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan on-going care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated. The practice also held three monthly meetings with the community palliative care team to discuss the needs of patients receiving end of life care.

Consent to care and treatment

Patients' consent to care and treatment was always sought in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. We saw evidence that the GPs had received training in Mental Capacity Act training. When providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with relevant guidance. There was no evidence to support that the process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service. A dietician was available on the premises and patients could be referred to a local exercise scheme. The practice kept a register of patients who smoked and there was smoking cessation advisor on site.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 85%, which was comparable to the CCG average of 77% and the national average of 81%. 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.

There were no published childhood immunisation rates for 2014/15 to compare with CCG or national averages. Flu vaccination rates for 2013/14 for the over 65s were 77%, and at risk groups 56%. These were comparable to CCG and national averages.

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

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that 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 area to discuss their needs.

The majority of the 55 patient Care Quality Commission (CQC) 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, professional, friendly and treated them with dignity and respect. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required. The four negative comments received mentioned that reception staff could occasionally seem abrupt or unfriendly if they were busy.

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

- 91% said the GP was good at listening to them compared to the CCG average of 89% and national average of 89%.
- 86% said the GP gave them enough time compared to the CCG average of 85% and national average of 87%.
- 100% said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and national average of 95%
- 92% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86% and national average of 85%.
- 92% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 87% and national average of 90%.

- 87% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients we spoke with told us that health issues were discussed with them and 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 on the comment cards we received was also positive and aligned with these views.

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

- 92% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% and national average of 86%.
- 86% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81% and national average of 81%

Staff told us that translation services were available for patients who did not have English as a first language. This was advertised on the practice website but there were no signs in the waiting area to inform patients about the service. Clinical staff told us they also used online translation services to print health information leaflets out in different languages if required.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. There was a practice register of all people who were carers and they were offered additional support. For example, by offering annual health checks, flexible or joint appointment times where possible, annual flu vaccination and referral for social services support and to local carers support services. Written information was available for carers to ensure they understood the various avenues of support available to them.

Are services caring?

Staff told us that if families had suffered, their usual GP contacted them by telephone to offer condolences and advice on how to find a support service if required.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local CCG to plan services and to improve outcomes for patients in the area. For example, the practice was aware the prevalence of Chronic Obstructive Pulmonary Disease (COPD) in their practice population was lower than expected compared with local rates. To address they offered screening for COPD to all smokers aged over the age of 40 years and they planned to run a clinical education programme for staff to raise awareness of the issue and the need to proactively offer screening.

Services were planned and delivered to take into account the needs of different patient groups and to help provide ensure flexibility, choice and continuity of care. For example;

- There were longer appointments available for older patients or patients with long-term conditions with complex needs.
- Older patients were given access to telephone consultations or home visits as required with their usual doctor. A note was made on patients electronic records if they were unsuitable for telephone triage, for example due to hearing impairment.
- The practice provided primary care services to a local residential care home. They held a monthly multi-disciplinary at the home attended by the GPs, care home staff, pharmacy advisor and dementia care nurse to discuss and plan to meet the needs of the residents.
- There was a monthly practice multi-disciplinary team meeting attended by district nurses and social services to discuss and update care plans of frail older patients and patients with long-term conditions with a focus on admission avoidance.
- The practice frequently referred frail older patients at high risk of hospital admission to the community rapid response nursing team to visit these patients at home and aim to reduce the risk of admission.
- The practice had access to a primary care navigator contracted by Age UK and the CCG who attended the practice two days a week. Their role was to assist patients over the age of 55 years to integrate available health and social services and access relevant support services as required.
- The practice encouraged self-care among patients with long-term conditions through referral to the expert patient programme and sign-posting to local patient groups.
- Urgent access appointments were available for children and those with serious medical conditions.
- The practice held a dedicated baby clinic for developmental reviews, child health surveillance and immunisations.
- The practice offered GP led antenatal and postnatal care including screening for postnatal depression.
- Sexual health screening was offered if requested and the practice offered family planning services with a full range of contraceptive choices including Intra-uterine contraceptive devices (IUCD) and implants.
- Extended hour appointments were available for people who could not attend to the practice during normal hours due to work or study commitments. There was also the facility for telephone and skype video consultations.
- The practice offered annual health checks and care plan review for patients with learning disabilities.
- Homeless patients were able to register at the practice and receive medical care as required.
- There were disabled facilities, hearing loop and translation services available. However, it was noted there was no low level reception area for wheelchair users.
- There was an in-house counsellor available twice a week for patients in need of the service. The practice also hosted a substance misuse liaison fortnightly to support patients with issues with alcohol and drug misuse.
- The practice had support from a primary care liaison nurse from the community mental health team to assist with management of patients experiencing poor mental health. Clinical staff attended quarterly meetings with the community mental health team psychiatrist to discuss cases that were being stepped down to be managed by primary care.
- The practice offered opportunistic screening for dementia during care plan reviews with older at risk patients with referral on to local memory services if required. Patients diagnosed with dementia had care plans created and reviewed that included end of life planning, identification of carers and direction to local support groups.

Are services responsive to people's needs?

(for example, to feedback?)

Access to the service

The practice was open between 8.30am to 7.00pm Monday to Thursday and 8.30am to 6.00pm on Friday. The practice was closed daily for lunch between 1.30pm and 2.00pm with the exception of Thursday when it was closed from 1.00pm to 3.00pm. Appointments were available from 8.30am to 12.30pm and 2.00pm to 6.30pm Monday and Tuesday, 8.30am to 12.30pm and 4.00pm to 6.30pm on Wednesday, 08.30am to 12.30pm and 3.00pm to 6.30pm on Thursday and 8.30am to 12.30pm and 2.00 pm to 5.00pm on Friday. Extended hours appointments were offered from 7.00am to 8.00am on Tuesday and from 6.30pm to 7.30pm on Wednesday and Thursday.

In addition to pre-bookable appointments that could be booked up to two weeks in advance, urgent appointments were available following call back telephone consultation with the duty doctor. Telephone consultations were also available and the practice was running a pilot scheme offering skype video consultations with one of the GP partners.

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 and people we spoke to on the day were able to get appointments when they needed them. For example:

- 81% of patients were satisfied with the practice's opening hours compared to the CCG average of 79% and national average of 75%.
- 94% patients said they could get through easily to the surgery by phone compared to the CCG average of 75% and national average of 73%.

- 85% patients described their experience of making an appointment as good compared to the CCG average of 79% and national average of 73%.
- 83% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 65% and national average of 65%.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. The practice manager was the designated responsible person who handled all complaints in the practice.

We saw that information was available to help patients understand the complaints system in the complaints and comments leaflet, the practice information leaflet and on the practice website. Patients we spoke with were aware of the process to follow if they wished to make a complaint.

We looked at five complaints received in the last 12 months and found these were satisfactorily handled in accordance with the complaints policy including written apologies to patients when required.

Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, following an issue with a telephone consultation being missed the practice conducted an audit of booked appointments to identify how the error had occurred and put in place systems to prevent a reoccurrence.

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 offer the highest standard of patient-centred health care. Staff we spoke with was aware of the practice vision and values. The practice had a business development strategy and plan in place which was reviewed annually at the practice away days.

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 with defined lead roles and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff, for example clinical governance policy, infection control and recruitment policy. The policies were regularly reviewed however they were not password protected.
- A comprehensive understanding of the performance of the practice with review of QOF data and clinical audits discussed in the weekly clinical meeting.
- A programme of continuous clinical and internal audit which is used to monitor quality and to make improvements
- There were arrangements for identifying, recording and managing risks and issues, although learning points and action plans following significant events were not clearly documented.

Leadership, openness and transparency

The partners in the practice have the experience and capability to run the practice and ensure high quality care. They prioritise high quality and compassionate care. The partners were visible in the practice and staff told us that they were approachable and always takes the time to listen to all members of staff. The partners encouraged a culture of openness and honesty.

Staff we spoke with told us that regular team meetings were held. They described that there was an open culture

within the practice and they had the opportunity to raise any issues at team meetings and were confident in doing so and felt supported if they did. We were told team away days were held regularly. Staff said they felt respected, valued and supported, particularly by the partners in the practice.

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

The practice encouraged and valued feedback from patients, proactively gaining patients' feedback and engaging patients in the delivery of the service. It had gathered feedback from patients through the patient participation group (PPG), the Friends and Family Test and through surveys, complaints and comments received in the suggestion box in the waiting area. The practice had a small PPG which occasionally met and a virtual PPG which the practice communicated with via email. The PPG carried out patient surveys and submitted proposals for improvements to the practice management team. For example, feedback from the PPG led patient survey in 2013/14 showed not all patients were aware of the complaints procedure. As a result the practice aimed to improve awareness of the complaints procedure through the complaints leaflet and practice newsletter. All members of staff were asked to encourage patient to leave feedback in the suggestion box, the practice website and NHS choices website.

The practice also gathered feedback from staff through staff meetings, annual appraisals and team away days. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

Innovation

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, they had started a pilot scheme offering skype video consultations with one of the GP partners aimed at improving access to medical review for patients unable to attend the practice during normal working hours and reducing demand on urgent appointments.