The Practice Canberra

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

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out a comprehensive inspection of The Practice Canberra on 8 October 2014. We rated the practice as 'Good' for the service being safe, effective, caring, responsive to people's needs and well-led. We rated the practice as 'Good' for the care provided to older people and people with long term conditions and 'Good' for the care provided to, families, children and young people, working age people (including those recently retired and students), people living in vulnerable circumstances and people experiencing poor mental health (including people with dementia).

We gave the practice an overall rating of 'Good.'

Our key findings were as follows:

- Patients were positive about the practice and services provided. They were happy with the opening hours and flexible appointment system.
- Patients said that staff were welcoming, caring and treated them with dignity and respect and the GPs involved them in decisions about their treatment and care.
- Systems were in place to keep patients safe including incident reporting protocols, safeguarding and infection control procedures.
- Staff were appropriately qualified to deliver effective care and treatment in line with NICE guidance.
- The practice had a clear vision and strategy to address health inequalities in the local community and staff worked as a team to achieve this.
- The practice proactively sought feedback from patients and used it to make improvements to the services provided.

We saw several areas of outstanding practice including:

- The practice offered an innovative service for 120 homeless people working with a homeless charity.
- Excellent access to the practice with 8:00am to 8:00pm opening hours on a weekday and Saturday morning appointments.
- Ring fenced appointments for vulnerable patients.

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?

Good

The practice is rated as good for safe. Procedures were in place to ensure incidents were reported, analysed and learning shared. Safety alerts received from the NHS central alert system were distributed to the appropriate staff and acted upon. Medicines were managed safely and staff were trained to deal with medical emergencies. Safeguarding procedures were in place to protect children and vulnerable adults from harm. Staff were knowledgeable on safeguarding both children and vulnerable adults and knew who to report to with any concerns. We observed the premises to be clean and tidy. We saw there were cleaning schedules in place and cleaning records were kept. Patients we spoke with told us they always found the practice clean and had no concerns about cleanliness or infection control. Systems were in place to monitor risk. Where risks had been identified control measures were in place to minimise them. Equipment used by the practice had undergone regular safety checks. Appropriate pre-employment checks had been carried out on staff before they started working for the practice to ensure they were of suitable character.

Are services effective?

Good

The practice is rated as good for effective. The practice was carrying out effective needs assessment in line with professional guidance. Referral rates and prescribing data compared favourably with other practices in the CCG. The practice had scored 99% in their QOF performance in the previous year and used QOF to steer practice activity. The practice had carried out clinical audits in line with CCG recommendations. Staff were appropriately qualified to deliver effective care and treatment. The practice worked with other services/health care professionals to manage patients with multiple needs. The practice offered a wide range of services to promote good health.

Are services caring?

Good

The practice is rated as good for caring. Patients were overall satisfied with their GP practice. Patients said they were treated with dignity and respect and staff were welcoming and friendly. This was reflected in the national patient survey 2014. The results of the national patient survey 2014 showed that the practice scored below the CCG average for the percentage of patients who said the GPs were good at listening to them, explaining tests and treatments and involving them in decisions about their care. However during our

Summary of findings

inspection patients said the clinical staff involved them in decisions about their care and treatment and this was reflected in the completed Care Quality Commission (CQC) comment cards we received. Patients were positive about the emotional support provided by staff at the practice and the practice worked closely with a local befriending service to support patients who were lonely or bereaved.

Are services responsive to people's needs?

Good

The practice is rated as good for responsive. The practice had planned services to meet the needs of the local population. These included flexible access to appointments, diabetes clinics and a women's only clinic on a Wednesday morning. The practice had recognised the needs of different groups in the planning of its services. For example, patients had access to a translation service to help them with their communication needs and there was access for patients with mobility needs. The practice had implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from the Patient Participation Group (PPG) and had a system in place for handling concerns and complaints. Patients' complaints had been acknowledged and resolved in a timely manner.

Are services well-led?

Good

The practice is rated as good for well-led. The practice had a clear vision and strategy to address health inequalities in the local community by providing high quality health care. Staff were able to articulate the vision of the practice and worked as a close knit team to achieve this. Governance arrangements were in place including policies and procedures to govern activity and defined roles for staff and lines of accountability. Weekly staff meetings were held and staff received adequate training and support to carry out their job roles effectively, including annual appraisal. The practice had gathered feedback from patients through patient surveys, a suggestion box, NHS Choices feedback and complaints received. The practice had developed action plans as a result of patient satisfaction questionnaires and made improvements to the service.

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

Good

The practice is rated as good for the population group of older people. The practice had a range of services targeted at older people. For example the practice participated in an integrated care pilot (ICP) which provided an enhanced level of input from specialists to improve the health and wellbeing of older patients with complex needs. The pilot involved the practice working with a hospital consultant to run a virtual ward (A virtual ward uses the systems and staffing of a hospital ward to provide preventative care for people in their own homes). The practice worked with community independence services and health and social care coordinator services to support older patients to retain their independence in their own homes and reduce hospital admissions. The practice had a vulnerable register for patients over 75 years, a named GP and care plans in place. The practice provided a carer's identification scheme to ensure carer's were included in the care provided to elderly patients when visiting the GP. The practice worked with a local befriending service providing social contact and companionship to older patients.

People with long term conditions

Good

The practice is rated as good for the population group of people with long-term conditions. The practice had effective recall systems and protocols in place for the care of patients with long-term conditions including input from the health care assistants, practice nurse and GPs. The GPs took lead roles in the management of long-term conditions including heart disease, asthma, chronic obstructive pulmonary disease and diabetes and were supported by the practice nurse to provide effective care. The practice monitored patients with long-term conditions using quality and outcomes framework (QOF) performance. The practice had achieved 98% in its performance against the various disease registers within the QOF framework in the previous year. The practice participated in an integrated care pilot (ICP) which provided an enhanced level of input from specialists to improve the health and wellbeing of patients with long-term conditions.

Families, children and young people

Good

The practice is rated as good for the population group of families, children and young people. The practice provided a range of services for families, babies, children and young people including weekly women's only sessions with a female GP who specialised in women's health and family planning, a weekly baby clinic, baby

Summary of findings

immunisations, ante-natal and post-natal care and child development checks. The practice worked with innovative local services, such as the neighbourhood mums and dads project and the family nurse partnership providing specialist nurse support for new parents. The practice participated in a connecting care for children group pilot, a partnership across GP practices and paediatric services from Imperial college healthcare NHS trust to provide a multi-disciplinary level of care for children. The practice worked with the health visitor who attended practice meetings to discuss any concerns the practice or the health visiting team may have in relation to children. The lead GP attended child protection case conferences and a system was in place to alert staff if a child was on a child protection plan.

Working age people (including those recently retired and students)

Good

The practice is rated as good for the population group of working age people (including those recently retired and students). The practice provided easy access to this population group. For example appointments were available early mornings, late evenings and weekends for those who were working or in education. In addition the practice offered telephone consultations and online booking for this group.

People whose circumstances may make them vulnerable

Good

The practice is rated as good for the population group of people whose circumstances may make them vulnerable. The practice collaborated with a local homeless service and provided easy access for homeless patients. At the time of our inspection there were 120 homeless patients or those with no fixed abode registered at the practice. The practice provided a multi-lingual advocacy service to help those with English as a second language with job searches or benefit claims. The practice worked closely with the local community translating and interpreting service, a collaboration through which they provided health specific ESOL (English Speaking for Other Languages) courses and classes to help those with English as a second language better access healthcare. The practice had an extremely low incidence of patients with a learning disability, with only one patient on the register. However the practice had developed close links and communication with the local learning disability team. The practice was also a registered distributor of food-bank vouchers.

People experiencing poor mental health (including people with dementia)

Good

The practice is rated as good for people experiencing poor mental health (including people with dementia). The practice participated

Summary of findings

in a shared care mental health Locally Enhanced Service (LES). Through this LES the practice communicated with the community mental health area teams to facilitate the discharge of stable patients to primary care. These patients were followed up by the practice with the support of a primary care mental health support worker who attended the practice weekly and conducted joint reviews. The lead GP for mental health met regularly with the mental health worker to discuss patients and referrals to Improving Access to Psychological Therapies (IAPT) services. If an acute assessment was needed patients would be referred to the local mental health assessment service. The practice participated in a dementia Directed Enhanced Service (DES) to profile patients who may be at risk of dementia.

Summary of findings

What people who use the service say

We spoke with 16 patients during the course of our inspection including three representatives of the Patient Participation Group (PPG). We reviewed 24 completed Care Quality Commission (CQC) comment cards where patients and members of the public had shared their views and experiences of the service, information published on the NHS Choices website, the results of the practices most recent patient experience survey and the national patient survey 2014.

All the patients we spoke with and the CQC comment cards received were positive about the practice and staff. Patients said all the staff were friendly and treated them in a respectful manner. The results of the national patient survey 2014 showed that 86% of patients described their overall experience of the practice as 'good.' Patients were satisfied with the practice's opening hours and the standard of care they received.

Outstanding practice

The practice offered an innovative service for 120 homeless people working with a homeless charity.

Excellent access to the practice with 8:00am to 8:00pm opening hours on a weekday and Saturday Morning appointments.

Ring fenced appointments for vulnerable patients.

The Practice Canberra

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. It included a GP and an expert-by-experience. An expert by experience is a person who has personal experiences of using or caring for someone who uses this type of service. They were all granted the same authority to enter The Practice Canberra as the Care Quality commission (CQC) inspector.

Background to The Practice Canberra

The Practice Canberra was opened in January 2010. It was commissioned due to a growing local population and a review of service provision in the area. The Practice operates from the Parkview Centre for Health and Wellbeing, Cranston Court, 56 Bloemfontein Road, White City, London, W12 7FG. A collaborative care centre shared with three other GP practices. The practice provides NHS primary care medical services through an Alternative Provider Medical Services (APMS) contract to 3800 patients in the local area. The practice is part of the NHS Hammersmith and Fulham Clinical Commissioning Group (CCG) which is made up of 31 GP practices. The practice serves a young population group with patients predominantly in the 20 to 40 years age range. The practice staff comprises two male GPs, one female GP, a practice nurse, three health care assistants and a small team of reception/administration staff. The practice is managed as part of The Practice PLC with 38 practices as well as walk-in centres across the UK and additional support is provided by the corporate team. The practice opening hours are 8.00am to 8.00pm Monday to Friday and 10.00am to 2.00pm on Saturdays. The practice has opted out of providing out-of-hours services to their own patients and refers patients to the '111' service.

The service is registered with the Care Quality Commission to provide the regulated activities of diagnostic and screening procedures, treatment of disease, disorder and injury, surgical procedures, family planning and maternity and midwifery services.

The practice provides a range of services including clinics for patients with long-term conditions, wound care, travel advice, vaccinations and immunisations, family planning, cervical smears and spirometry. The practice also provides INR monitoring, smoking cessation clinics, health advice and blood pressure monitoring.

The practice works with the World Health Organisation Collaborative Care Centre at Imperial College London and facilitates visits of foreign delegates who wish to observe and learn about UK General Practice.

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. 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. This provider had not been inspected before and that was why we included them.

Detailed findings

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 we hold about the practice including information published on the NHS choices website and the national patient survey 2014. We asked other organisations such as Healthwatch, NHS England and NHS Hammersmith and Fulham Clinical Commissioning Group (CCG) to share what they knew about the service. We carried out an announced visit on 8 October 2014. During our visit we spoke with a range of staff including two GPs, the practice manager, a health care assistant and two reception/administration staff. We spoke with 16 patients who used the service including three representatives of the Patient Participation Group (PPG). We reviewed 24 completed Care Quality Commission (CQC) comment cards where patients and members of the public shared their views and experiences of the service.

Good

Are services safe?

Our findings

Safe track record

The practice used a range of information to identify risks and improve quality in relation to patient safety. For example, reported incidents, national patient safety alerts as well as comments and complaints received from patients. Staff we spoke with were aware of their responsibilities to raise concerns, and how to report incidents and near misses. For example during a new patient check information was incorrectly recorded on the computer system. The incident had been recorded and the practice had taken immediate action to rectify the error.

Learning and improvement from safety incidents

We reviewed safety records and incident reports and minutes of meetings where these were discussed for the last 12 months. This showed the practice had managed these consistently over this period of time.

The practice had a system in place for reporting, recording and monitoring significant events, incidents and accidents. Records were kept of significant events that had occurred during the last 12 months and these were made available to us. Significant events were a permanent agenda item at practice meetings where the findings were disseminated to relevant staff and appropriate learning took place. Staff including receptionists, administrators and nursing staff were aware of the system for raising issues to be considered at the meetings and felt encouraged to do so.

We found that safety alerts received from the NHS central alert system were disseminated to the appropriate staff and acted on. For example a device for delivering diabetes medication had been recalled and the practice had contacted the relevant patients to ensure they did not have the affected devices.

Reliable safety systems and processes including safeguarding

The practice had systems to manage and review risks to vulnerable children, young people and adults. Practice training records made available to us showed that all staff had received relevant role specific training on safeguarding. We asked members of medical, nursing and administrative staff about their most recent training. Staff knew how to recognise signs of abuse in older people, vulnerable adults and children. They were also aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact the relevant agencies in and out of hours. Contact details were easily accessible.

The practice had a dedicated GP appointed as lead in safeguarding vulnerable adults and children. All clinical staff had been trained in child protection to Level 3 and non-clinical staff to Level 1. All staff we spoke to were aware who these leads were and who to speak to in the practice if they had a safeguarding concern.

There was a system to highlight vulnerable patients on the practice's electronic records. This included information so staff were aware of any relevant issues when patients attended appointments; for example children subject to child protection plans.

A chaperone policy was in place and visible in the consulting rooms. Chaperone training had been undertaken by all nursing staff, including health care assistants. If nursing staff were not available to act as a chaperone the receptionists had also undertaken training and understood their responsibilities when acting as chaperones, including where to stand to be able to observe the examination. All staff undertaking chaperoning duties had Disclosure and Barring Service (DBS) checks carried out on them.

Patient's individual records were written and managed in a way to help ensure safety. Records were kept on an electronic system (System One) which collated all communications about the patient including scanned copies of communications from hospitals.

Medicines Management

The practice had a dedicated nurse appointed as lead in medicines management. We checked medicines stored in the treatment rooms and medicine refrigerators and found they were stored securely and were only accessible to authorised staff. There was a clear policy for ensuring medicines were kept at the required temperatures. This was being followed by the practice staff, and the action to take in the event of a potential failure was described. We found that vaccines were stored within the correct temperature range and temperatures were checked daily.

Good

Are services safe?

Processes were in place to check medicines were within their expiry date and suitable for use. All the medicines we checked were within their expiry dates. Expired and unwanted medicines were disposed of in line with waste regulations.

Vaccines were administered by nurses using directions that had been produced in line with legal requirements and national guidance. The health care assistant also administered flu vaccines under directions which had been reviewed and approved in line with national guidance and legal requirements. We saw evidence that the health care assistant had received injection technique training including vaccination and vitamin B12 to allow them to administer flu vaccines.

There was a protocol for repeat prescribing which was in line with national guidance and was followed in practice. The protocol complied with the legal framework and covered all required areas. For example, how staff who generate prescriptions were trained and how changes to patients' repeat medicines were managed. This helped to ensure that patients' repeat prescriptions were still appropriate and necessary.

All prescriptions were reviewed and signed by a GP before they were given to the patient. Blank prescription forms were handled in accordance with national guidance as these were tracked through the practice and kept securely at all times.

Cleanliness and infection control

We observed the premises to be clean and tidy. We saw there were cleaning schedules in place and cleaning records were kept. Patients we spoke with told us they always found the practice clean and had no concerns about cleanliness or infection control.

The practice had a lead for infection control who had undertaken further training to enable them to provide advice on the practice infection control policy and carry out staff training. All staff received induction training about infection control specific to their role and there after annual updates. We saw evidence the lead had carried out annual audits of infection control and monthly audits to monitor cleaning standards and hand hygiene. Improvements identified for action had been completed on time. For example the annual audit had identified that the records of staff infection control training were incomplete and this shortfall had been rectified. Infection control was a permanent agenda item in practice meetings and the meeting minutes we reviewed confirmed this.

An infection control policy and supporting procedures were available for staff to refer to, which enabled them to plan and implement control of infection measures. For example, personal protective equipment including disposable gloves, aprons and coverings were available for staff to use. There was also a policy for needle stick injury and protocols were displayed in the consulting rooms for staff to reference.

Hand hygiene techniques signage was displayed in staff and patient toilets. Hand washing sinks with hand soap, hand gel and hand towel dispensers were available in treatment rooms.

The practice had a policy for the management, testing and investigation of legionella (a germ found in the environment which can contaminate water systems in buildings). We saw records that confirmed the practice was carrying out regular checks in line with this policy in order to reduce the risk of infection to staff and patients.

Equipment

Staff we spoke with told us they had sufficient equipment to enable them to carry out diagnostic examinations, assessments and treatments. They told us that all equipment was tested and maintained regularly and we saw equipment maintenance logs and other records that confirmed this. All portable electrical equipment was routinely tested and displayed stickers indicating the last testing date. A schedule of testing was in place. We saw evidence of calibration of relevant equipment; for example weighing scales, fridge thermometers, nebulisers, spirometers, pulse oximeters, blood pressure monitors and the vaccine refridgerators.

Staffing and recruitment

Records we looked at contained evidence that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and criminal records checks via the Disclosure and Barring Service. The practice had a recruitment policy that set out the standards it followed when recruiting clinical and non-clinical staff.

Good

Are services safe?

Staff told us about the arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. We saw there was a rota system in place for all the different staffing groups to ensure they were enough staff on duty. There was also an arrangement in place for members of staff, including nursing and administrative staff to cover each other's annual leave.

Staff told us there were usually enough staff to maintain the smooth running of the practice and there were always enough staff on duty to ensure patients were kept safe. The practice manager showed us records to demonstrate that actual staffing levels and skill mix were in line with planned staffing requirements.

The practice had a Service Level Agreement (SLA) with a locum agency who supplied five regular locums to the practice when needed. The practice had a comprehensive locum pack in place and carried out additional checks on locums before they were allowed to work at the practice.

Monitoring safety and responding to risk

The practice had systems, processes and policies in place to manage and monitor risks to patients, staff and visitors to the practice. These included a health and safety risk assessment of the building and the environment by NHS property services. The practice had a health and safety policy. Health and safety information was displayed for staff to see and there as an identified health and safety representative.

A clinical risk assessment was also completed annually by the practice. Areas assessed included patient access, medicines management, referrals, infection control, records management and incident reporting. Each risk was assessed, rated and mitigating actions recorded to reduce and manage the risk. The risk assessment was reviewed annually to ensure actions were followed up.

Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to manage emergencies. We saw records showing all staff had received training in basic life support and anaphylaxis management and the training was refreshed annually. Emergency equipment was available including access to oxygen, portable suction, pulse oximeter and an automated external defibrillator (used to attempt to restart a person's heart in an emergency). All staff asked knew the location of this equipment and records we saw confirmed these were checked regularly.

Emergency medicines were available in a secure area of the practice and all staff knew of their location. These included those for the treatment of cardiac arrest and anaphylaxis. Processes were also in place to check emergency medicines were within their expiry date and suitable for use. All the medicines we checked were in date and fit for use.

A business continuity plan was in place to deal with a range of emergencies that may impact on the daily operation of the practice. Each risk was rated and mitigating actions recorded to reduce and manage the risk. Risks identified included power failure, adverse weather, unplanned sickness and access to the building. The document also contained relevant contact details for staff to refer to.

A fire risk assessment had been undertaken by the NHS property services and control measures put in place to minimise identified risks. We saw records that showed staff were up to date with fire training and that regular fire drills were undertaken.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The GPs we spoke with could clearly outline the rationale for their treatment approaches. They were familiar with current best practice guidance accessing guidelines from the National Institute for Health and Care Excellence and from local commissioners. We saw minutes of practice meetings which showed that new guidelines were discussed and shared. We found from our discussions with the GPs that staff completed, in line with NICE guidelines, thorough assessments of patients' needs and these were reviewed when appropriate.

The GPs told us they lead in specialist clinical areas such as diabetes, heart disease, chronic obstructive pulmonary disease (COPD) and asthma. The practice nurse supported this work which allowed the practice to focus on patients with these specific conditions. Annual reviews were carried out on all patients with long-term conditions in line with best practice guidance.

The practice manager showed us data from the local Clinical Commissioning Group (CCG) of the practice's performance for antibiotic and NSAID prescribing which compared favourably with other practices.

The practice referred patients to secondary care and other community care services appropriately. Data showed that the practice was performing well in comparison to other local practices in the CCG in relation to referral rates for all conditions.

We saw no evidence of discrimination when making care and treatment decisions. Interviews with GPs showed that the culture in the practice was that patients were referred on need and that age, sex and race was not taken into account in this decision-making.

The practice provided a new enhanced service (services which require an enhanced level of service provision above what is normally required under the core GP contract) to reduce unnecessary admissions to secondary care of 'at risk' patients. The practice was required to develop care plans for two percent of the practice population over 18 years. At the time of our inspection the practice had 88 remaining care plans to develop. An alert system was in place for unplanned admissions to hospital and these patients were reviewed by the lead GP on a weekly basis.

Management, monitoring and improving outcomes for people

The practice had achieved 99% in their Quality and Outcomes Framework (QOF) performance in the year ending April 2014. The QOF is a system to remunerate general practices for providing good quality care to their patients. The QOF covers four domains; clinical, organisational, patient experience and additional services. QOF performance was a permanent agenda item discussed at practice meetings.

The practice showed us examples of clinical audits that had been undertaken over the last year in line with CCG recommendations. These included audits of referrals for vascular surgery and gastroenterology, reviews of medicines for cholesterol, irregular heartbeats and proton pump inhibitors (PPI). Other examples were audits of minor surgery to confirm that the GP who undertook minor surgical procedures was doing so in line with their registration and NICE guidance. Some of these were completed audits where the practice was able to demonstrate the changes resulting since the initial audit.

The practice participated in local benchmarking run by the CCG. This is a process of evaluating performance data from the practice and comparing it to similar surgeries in the area. This benchmarking data showed the practice was one of the highest performers compared to other services in the area in terms of referral rates, non-elective admissions to hospital and prescribing.

The practice participated in peer review with other practices in the CCG. This was carried out through monthly network meetings.

Effective staffing

Practice staffing included medical, nursing, managerial and administrative staff. We reviewed staff training records and saw that all staff were up to date with attending mandatory courses such as annual basic life support, infection control, health and safety and information governance. We noted a good skills mix amongst the doctors with the lead male GP having special interests in minor surgery, dermatology and the female GP specialising in women's health and family planning. The GPs were licenced by the General Medical Council (GMC) and the nurses registered with the Nursing and Midwifery Council (NMC). The practice nurse had a certificate in diabetes care

Good

Are services effective?

(for example, treatment is effective)

and supported the GPs to manage diabetic patients and the healthcare assistant had an advanced qualification in healthcare and was trained to assist the GP with minor surgery.

The practice manager had qualifications in practice management and primary health care.

All GPs were up-to-date with their yearly continuing professional development requirements and all either had been revalidated or had a date for revalidation. (Every GP is appraised annually and every five years undertakes a fuller assessment called revalidation. Only when revalidation has been confirmed by NHS England can the GP continue to practice and remain on the performers list with the General Medical Council). All staff including locums had completed an induction programme when they started working for the practice.

All staff undertook annual appraisals which identified learning needs from which action plans were documented with timelines for completion. Staff told us they were actively encouraged to develop and contribute to their personal development plans.

Working with colleagues and other services

The practice worked with other service providers to meet patients' needs and manage complex cases. Blood results, X ray results, letters from the local hospital including discharge summaries, out of hour's providers and the 111 service were received both electronically and by post.

The GP seeing these documents and results was responsible for the action required. All staff we spoke with understood their roles and felt the system in place worked well. Staff told us that there were no instances within the last year of any results or discharge summaries which were not followed up appropriately.

The practice held monthly multidisciplinary team meetings with other service providers to plan care for children. There was an integrated care pilot in place (a programme designed to improve the coordination of care for patients with complex needs). The pilot involved the practice working with a hospital consultant to run a virtual ward (A virtual ward uses the systems and staffing of a hospital ward to provide preventative care for people in their own homes).

The practice worked with the district nurse, the mental health team and an end of life care nurse if needed. However, there were no end of life care patients at the time of our inspection requiring support.

The practice worked with the local CCG pharmacist to manage patients prescribed more than one medicine to identify any potential adverse interactions. Patients identified as being 'at risk' were reviewed by the lead GP to ensure they received safe care.

Information sharing

Patients were referred to other services/specialists through on the day referrals by the GP's. We found the practices referral process was efficient and in line with national guidelines. Patients we spoke with had no issues with the referral process. They said the GP's always referred them promptly.

The practice had systems in place to provide staff with the information they needed. An electronic patient record (System One) was used by all staff to coordinate, document and manage patients' care. All staff were fully trained on the system, and commented positively about the system's safety and ease of use. This software enabled scanned paper communications, such as those from hospital, to be saved in the system for future reference. The practice also shared special notes for patients with complex needs with out-of-hours providers.

Consent to care and treatment

We found that staff were aware of the Mental Capacity Act 2005 and the Children's and Families Act 2014 and their duties in fulfilling it. All the clinical staff we spoke to understood the key parts of the legislation and were able to describe how they implemented it in their practice. For example when making Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) decisions for patients receiving end of life care.

GPs demonstrated an understanding of both Gillick and Fraser guidelines (legislation used to decide whether a child or young person 16 years and younger is able to consent to their own medical treatment without the need for parental permission or knowledge) and were able to give examples of when they had used them.

Written consent was sought for minor surgery and intrauterine device fitting (IUD) and we saw examples of completed consent forms. The GP providing this service

Good

Are services effective?

(for example, treatment is effective)

had received certification from the Royal College of Obstetricians and Gynaecologists. We saw evidence that IUD had been audited on a monthly basis to ensure they were fitted correctly.

Health promotion and prevention

The practice had met with the Public Health team from the Local Authority and the CCG to discuss the implications and share information about the needs of the practice population identified by the Joint Strategic Needs Assessment (JSNA). The JSNA pulls together information about the health and social care needs of the local area. This information was used to help focus health promotion activity.

It was practice policy to offer all new patients registering with the practice a health check with the health care assistant or practice nurse. The GP was informed of all health concerns detected and these were followed-up in a timely manner. The health care assistant ran smoking cessation clinics and we saw data to show the service had a 70% success rate in the previous year.

The practice offered NHS Health Checks to all its patients aged 40-75 however out of 500 patients identified only a handful had been done. The practice manager acknowledged this was an area for improvement. Annual health checks were in place for patients with a learning disability. The practice had currently one patient with a learning disability and they had received their annual health check.

The practice provided influenza vaccinations for 'at risk' patients and had proactively targeted vulnerable groups. For example, they had invited in 120 homeless patients and carers for a vaccination. The vaccinations were offered through walk-in and evening clinics and the health care assistant had received training to give influenza vaccinations to adults. Shingles vaccinations were also offered to patients over 70 years old. However, information on the practices' performance was not available.

The nurse identified appropriate patients for a cervical smear and invited them in for screening. The practice's performance for cervical smear uptake was 81%, which was above the CCG average.

Routine HIV screening was offered to all new patients on registration with the practice.

The practice nurse offered a wide variety of clinics including travel advice, vaccinations and immunisations (not yellow fever), childhood immunisations (including baby), lifestyle advice, family planning, wound care, spirometry, clinics for chronic disease management and INR monitoring.

The practice had performed above the CCG average for most childhood immunisations in the previous year.

The nurse was supported by the health care assistant who provided blood tests, blood pressure monitoring, repeat wound dressing and baby height and weight checks in conjunction with the weekly GP baby clinic.

The practice offered family planning clinics and women's health appointments with a women's only clinic offered on Wednesday mornings.

A wide range of information was available at the practice and on the practice website including information on influenza vaccinations, sexually transmitted diseases, health, diet and fitness so patients could make informed decisions about their health.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We reviewed the most recent data available for the practice on patient satisfaction. This included information from the national patient survey 2014, NHS Choices feedback and the last patient satisfaction survey carried out by the practice. We spoke to 16 patients during our inspection and patients also completed Care Quality Commission (CQC) comment cards to provide us with feedback on the practice.

The evidence from all these sources showed patients were generally satisfied with their GP practice. The results of the national patient survey 2014 showed the practice scored in the middle range for the proportion of respondents who rated their GP surgery as 'good' or 'very good' and in the middle range for the proportion of patients who would recommend their GP practice.

All 16 patients we spoke to said they were treated with dignity and respect by the practice staff and their privacy was upheld. This was reflected in the national patient survey 2014 where the practice scored above the CCG average for patient satisfaction with privacy when speaking with staff. Patients said consultations and treatments were carried out in the privacy of the consultation rooms with doors closed to ensure conversations could not be overheard. We noted that curtains were used in the consultation rooms during treatments, examinations and minor surgical procedures.

We received 24 completed cards which were all positive about the practice being caring. Patients commented that the staff were welcoming, caring and friendly. The national patient survey 2014 showed the practice scored below the regional and national averages for patient satisfaction with the care they receive from their GP practice. The practice had responded to this feedback and provided training in patient care to all staff and this was reflected in the comments we received from patients during our inspection.

Care planning and involvement in decisions about care and treatment

The results of the national patient survey 2014 showed that the practice scored below the CCG average for the percentage of patients who said the GPs were good at listening to them, explaining tests and treatments and involving them in decisions about their care. However, during our inspection patients said the GPs and nurse involved them in decisions about their care and treatments and this was reflected in the CQC comment cards we received. Patients said the GPs and nurse gave them adequate information about their conditions before a decision was made about their treatment or care.

Patients said that clinical staff sought their consent before carrying out physical examinations and minor surgical procedures. GPs were able to demonstrate an understanding of Gillick guidelines used to help clinicians decide whether a child under 16 years has the legal capacity to consent to medical examination and treatment without the need for parental permission or knowledge.

An interpreter service was available for patients whose first language was not English to help them with their communication needs to ensure they could understand treatment options available and give informed consent to care. The service was advertised in the practice's patient information leaflet.

Patient/carer support to cope emotionally with care and treatment

The patients we spoke to on the day of our inspection were positive about the emotional support provided by staff at the practice and this was reflected in the CQC comment cards we received.

For example, one patient said that the GP visited her elderly father who had a number of health issues every two weeks and the visit provided emotional support for her family.

The practice worked with a local befriending service providing social contact and companionship to older patients and information was available in the reception area signposting patients to support services.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

We found the practice was responsive to people's needs. The needs of the local population were understood and services were in place to meet them. For example the practice had a high proportion of working age patients. To meet their needs the practice offered 8.00am – 8.00pm access on weekdays and Saturday appointments. The evening opening hours met the needs of parents with school children and those in education. There was a high prevalence of diabetes in the local population. To meet the needs of patients with diabetes the practice ran diabetes clinics including access to an outreach diabetes clinic. The practice nurse had completed specialist training in diabetes care and supported the GPs to meet the needs of diabetic patients.

Engagement work undertaken with the local population prior to the establishment of the practice identified that there was a strong desire for a women's only clinic. In response the practice had run a woman's only clinic on a weekly basis since the practice opened.

The continuity of care at the practice was not always good. Patients said sometimes it was difficult to see the GP of their choice. This was reflected in NHS Choices feedback and the national patient survey 2014 where the practice scored below the CCG average for patients with a preferred GP who usually get to see or speak to that GP. The practice was planning to improve continuity of care by offering a Thursday afternoon walk-in service which would make available more appointment slots for patients to see their preferred GP.

The practice had implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from the Patient Participation Group (PPG). For example patients commented that they did not know how to contact the out of hour's services, and as a result the details had been better advertised. Patients had also commented that they would like more information on self-help groups or classes, and as a result posters and leaflets had been displayed providing this information.

Tackling inequity and promoting equality

The practice had recognised the needs of different groups in the planning of its services. For example the practice had an 'open door' policy for vulnerable patients. The practice provided care and treatment for 119 patients from a local homeless centre offering flexible appointment times and HIV tests. The practice had provided staff training in female genital mutilation which was a common issue in the local community. Advocacy workers were available for affected patients and the nurse targeted them for referral to the local hospital.

The practice had access to local translation services and patients with communication needs were given longer appointments.

The premises and services had been adapted to meet the needs of people with disabilities including level access for wheelchair users and those with mobility scooters. The toilet facilities had been modified to accommodate them. Staff had completed training in equality and diversity.

Access to the service

Patients we spoke with said they could get an appointment easily and at a time that suited them. This was reflected in the Care Quality Commission (CQC) comment cards we received and the national patient survey 2014 where the practice scored above the CCG average for the convenience of appointments, patients' experience of making an appointment, and ease of getting through to the practice by telephone. The practice was also rated 'among the best' for patient satisfaction with opening hours.

Appointments were available from 8.00am to 8.00pm on weekdays and 10.00am to 2.00pm on Saturdays. Appointments could be made in person, by telephone or online. Urgent appointments were available on the same day with emergency slots reserved at the end of each session. Appointments were usually 10 minutes in length, however, 20 minute slots were available if required. Text messages were sent out by the practice staff to remind patients of their appointments. There was also a welcome pack for new patients registering with the practice.

Comments received from patients showed that patients in urgent need of treatment had often been able to make appointments on the same day of contacting the practice. One patient we spoke with told us how they had needed an urgent appointment for their child on a number of occasions and had always been seen by a GP in a matter of hours.

The practice's Saturday morning opening hours were particularly useful to patients with work commitments. This

Good

Are services responsive to people's needs?

(for example, to feedback?)

was confirmed by patients we spoke with who said the Saturday morning appointments met their needs. They also said the practice signposted them to a local walk-in centre if the appointments had been taken.

Telephone advice was available and a home visit could be arranged if the patient called before 10.30am on the day they needed to see a GP. Repeat prescriptions could be requested in person or by post and collected from the surgery or a preferred local chemist. Prescriptions were available for collection within 48 hours. Blood test and X-ray results could be accessed by telephone with blood test results available in five days, X-rays seven-ten days and cervical smears up to one month.

There were arrangements in place to ensure patients received urgent medical assistance when the practice was closed. This was provided by an out-of-hour's service.

The practice was situated on the ground floor of the building which it shared with three other practices. The practice was accessible to patients with wheelchairs, mobility scooters and prams. The waiting area was large enough to accommodate them and there was easy access to the consultation rooms and toilet facilities.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Their 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 including a poster displayed at reception and guidance in the patient information leaflet. Patients we spoke with were aware of the process to follow should they wish to make a complaint. None of the patients spoken with had ever needed to make a complaint about the practice.

The practice had received one complaint in the last twelve months. The complaint had been resolved in line with the practice's complaints policy.

The practice reviewed complaints in practice meetings and learning points were shared with all staff. The meeting minutes we reviewed confirmed this.

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 opened in 2010 and was commissioned as part of a local authority plan to meet the needs of a growing local population. The practice had a clear vision and strategy to address health inequalities in the local community by providing high quality health care. Staff we spoke with were able to articulate the vision of the practice and worked as a close knit team to achieve this.

Governance arrangements

The practice had a number of policies and procedures in place to govern activity and these were available to staff via the desktop on any computer within the practice. We looked at a range of these policies and procedures and found they had been reviewed annually and were up to date. Staff were made aware of changes to policy during staff meetings.

The practice used the Quality and Outcomes Framework (QOF) to measure their performance. The QOF data for this practice showed it was performing in line with national standards. We saw that QOF data was regularly discussed at monthly team meetings and action plans were produced to maintain or improve outcomes.

The practice had completed a number of clinical audits, for example audits of referrals to secondary care, medications and minor surgery. Referral audits showed the practice was performing well compared to other local practices for all conditions.

The practice had robust arrangements for identifying, recording and managing risks. The practice manager showed us their risk log which addressed a wide range of potential issues in areas such as patient access, medicine management, infection control and information governance. We saw that the risk log was regularly discussed at team meetings and updated in a timely way. Risk assessments had been carried out where risks were identified and action plans had been produced and implemented. For example it had been identified that areas of staff training needed updating and as a result staff training had been reviewed by the practice manager.

Leadership, openness and transparency

We were shown a clear leadership structure which had named members of staff in lead roles. For example, there was a lead nurse for infection control and medicine management. One GP was the clinical lead and the lead for safeguarding and a second GP was the lead for QOF. We spoke with six members of staff and they were all clear about their own roles and responsibilities. They all told us that felt valued, well supported and knew who to go to in the practice with any concerns.

We saw from minutes that team meetings were held weekly. Staff told us that there was an open culture within the practice and they had the opportunity and were happy to raise issues at team meetings.

The practice manager was responsible for human resource policies and procedures. We reviewed a number of policies, for example the recruitment policy and the staff induction policy which were in place to support staff. Staff we spoke with knew where to find these policies if required.

The practice was not subject to external peer review.

Practice seeks and acts on feedback from its patients, the public and staff

The practice had gathered feedback from patients through patient surveys, a suggestion box, NHS Choices feedback and complaints received. The practice had developed action plans as a result of patient satisfaction questionnaires and made improvements to the service. For example, patients had raised concerns about the length of time they had to wait on the telephone when ringing for an appointment. As a result the practice had put in measures to reduce the waiting time.

The practice had a patient participation group (PPG). The PPG was comprised of four patients, one female and three male. The practice was actively advertising for more members including posters throughout the practice and a leaflet in the patient information pack. The PPG met every two months and the practice listened to them. For example, the practice was provided with funding for a new telephone system (a button system rather than speaking to a person). However, it was rejected by PPG and not implemented.

Management lead through learning and improvement

Staff told us that the practice supported them to maintain their clinical professional development through training and mentoring. We looked at staff records and saw that regular appraisals took place which included a personal development plan. Staff told us that the practice was very supportive of training.

Are services well-led?

Good

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

The practice had completed reviews of significant events and other incidents and shared lessons learnt with staff via meetings to ensure the practice improved outcomes for patients. For example, an incident occurred where a patient was given the wrong immunisation. The patient was contacted and measures put in place to prevent recurrence. The incident was discussed during a staff meeting to ensure learning was shared.