

Links Medical Practice

Quality Report

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Date of inspection visit: 24 March 2016
Date of publication: This is auto-populated when the report is published

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 Links Medical Practice on 24 March 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.
- Risks to patients were assessed and managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

There were areas of practice where the provider should make improvements:

- Ensure that the chaperone processes are in line with guidelines and that staff have been trained and undertake a risk assessment to ascertain if DBS checks are required for all staff who undertake this role.
- Ensure that proof of good character are taken prior to employing new staff.
- Ensure yearly appraisals are performed for all practice staff.
- Ensure that the practice reviews the feedback from national GP patient survey to identify and act on further areas that can be improved.
- Review the complaints procedure to ensure it contains all the relevant information for patients and that complaints are responded in a timely manner.

Professor Steve Field CBE FRCP FFPH FRCGP
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse. However the chaperoning processes are not in line with guidelines.
- Risks to patients were assessed and managed.
- The practice shared quality alerts with the local hospital and local Clinical Commissioning Group (CCG) to enable services to be improved for all.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff; however not all practice staff had yearly appraisals.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey showed patients rated the practice in-line with others for some aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

Good



Summary of findings

- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- The practice provided a phlebotomy service at the practice to encourage older patients who may have difficulty in getting to the hospital.
- The practice nurses ran minor illness clinics to manage patients with simple issues.
- The patients had access to a duty doctor throughout the opening hours who triaged and saw patients as required.

Good



Are services well-led?

The practice is rated as good for being well-led.

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of

Good



Summary of findings

openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.

- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice provided a phlebotomy service at the practice for the benefit of older patients who may have difficulty in getting to the hospital.
- The GPs visited two nursing homes and one residential home on a regular basis, supporting the needs of the residents.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The national Quality and Outcomes Framework (QOF) data showed that 78% of patients had well-controlled diabetes, indicated by specific blood test results, compared to the Clinical Commissioning Group (CCG) average of 75% and the national average of 78%. The number of patients who had received an annual review for diabetes was 87% which was above the CCG average of 78% and slightly below the national average of 88%.
- The national Quality and Outcomes Framework (QOF) data showed that 73% of patients with asthma in the register had an annual review, compared to the Clinical Commissioning Group (CCG) average of 74% and the national average of 75%.
- Longer appointments and home visits were available for people with complex long term conditions when needed.
- All patients with long-term conditions had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Summary of findings

Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of urgent care and A&E attendances.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 79%, which was below the CCG average of 84% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice offered weekly midwifery clinics at the surgery.
- The practice offered sexual health clinics.

Good



Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age people (including those recently retired and students).

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group. Around 5000 patients had registered for online access.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. These patients were flagged in their clinical system.
- The practice offered appointments for all newly registered looked after children with a named GP and had an alert set up on the computer system.

Good



Summary of findings

- The practice offered longer appointments for patients with a learning disability; all the patients with learning disability had received a health check in the last year.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

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

- The number of patients with dementia who had received annual reviews was 88% which was above the Clinical Commissioning Group (CCG) average of 84% and national average of 84%.
- 87% of patients with severe mental health conditions had a comprehensive agreed care plan in the last 12 months.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

Thee national GP patient survey results published on 7 January 2016. The results showed the practice was performing in line with local and national averages. Three hundred and sixty two survey forms were distributed and 111 were returned. This represented 1% of the practice's patient list.

- 68% found it easy to get through to this surgery by phone (Clinical Commissioning Group (CCG) average of 70%, national average of 73%).
- 90% were able to get an appointment to see or speak to someone the last time they tried (CCG average 85%, national average 85%).
- 81% described the overall experience of their GP surgery as fairly good or very good (CCG average 82%, national average 85%).
- 79% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 75%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 17 comment cards which were all positive about the standard of care received. All the patients felt that they were treated with dignity and respect and were satisfied with their care and treatment.

We spoke with 18 patients during the inspection. All patients said they were happy with the care they received and thought staff were approachable, committed and caring.

Links Medical Practice

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, a second CQC inspector and an inspection manager.

Background to Links Medical Practice

Links Medical Practice provides primary medical services in Downham and Mottingham to approximately 11000 patients and is one of 48 practices in Bromley Clinical Commissioning Group (CCG). The practice population is in the third most deprived decile in England.

The practice population has a higher than CCG and national average representation of income deprived children and older people. The practice population of children and working age people are higher than local and national averages with a lower than average population of older people. Of patients registered with the practice for whom the ethnicity data was recorded, 64% are British or Mixed British, 9% other white followed by 5% African.

The practice operates from two branches one in Downham and one in Mottingham. Both the branches operate on purpose built premises. All patient facilities are wheelchair accessible. The Downham practice has access to four doctors' consultation rooms, one nurse consultation room and one healthcare assistant consultant room on the ground floor. The Mottingham practice has access to six doctors' consultation rooms, one nurse consultation room and one healthcare assistant consultant room on the ground floor.

The practice team at the surgery is made up of four full-time male GPs, one full-time female GP and two part-time female GPs who are partners, two part-time female salaried GPs, two full-time GP registrars, three part-time female practice nurses and one part-time healthcare assistant. The non-clinical practice team consists of one practice manager, one practice secretary, and eighteen administrators and reception staff members. The practice provided a total of 68 GP sessions per week.

The practice operates under a General Medical Services (GMS) contract, and is signed up to a number of local and national enhanced services (enhanced services require an enhanced level of service provision above what is normally required under the core GP contract). The practice is a training practice for GP registrars, foundation doctors and medical students.

The practice reception and telephone lines are open from 8:00am till 6:30pm on Monday to Friday. Appointments are available from 8:15am to 12:30pm and 1:30pm to 6pm every day.

The practice has opted out of providing out-of-hours (OOH) services to their own patients between 6:30pm and 8:00am and directs patients to the out-of-hours provider for Bromley CCG. The practice had recently signed up to be part of local GP Alliance and provides ten appointments seven days a week through Primary Care hubs which can be booked in advance.

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

Detailed findings

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 24 March 2016.

During our visit we:

- Spoke with a range of staff including five reception and administrative staff, the practice manager, four GPs, two practice nurses, and we spoke with 18 patients who used the service including one member of the practice's Patient Participation Group (PPG).

- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?
- We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:
 - Older people
 - People with long-term conditions
 - Families, children and young people
 - Working age people (including those recently retired and students)
 - People whose circumstances may make them vulnerable
 - People experiencing poor mental health (including people with dementia)

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events and maintained a log in the computer system.
- The practice shared quality alerts with the local hospital and local Clinical Commissioning Group (CCG) which contributed to quality improvement throughout the locality.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, a patient was sent a blood form with details of another patient. The practice apologised the patient and discussed this incident with all practice staff. Following this incident staff were advised to double check patient letters with another member of staff and to double check the address on the envelopes.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse 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. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had

received training relevant to their role. GPs were trained to Safeguarding level 3, Nurses were trained to Safeguarding level 2 and non-clinical staff were trained to Safeguarding level 1.

- Notice in the clinical rooms advised patients that chaperones were available if required. Not all staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS check). However staff who acted as chaperones understood their role. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local Clinical Commissioning Group (CCG) pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions (PGD) had been adopted by the practice to allow nurses to administer medicines in line with legislation. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment). The practice had a system for production of Patient Specific Directions (PSD) to enable Health Care Assistants to administer vaccinations after specific training when a doctor or nurse were on the premises. (PSDs are written instructions from a qualified and

Are services safe?

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

- We reviewed five personnel files and found appropriate recruitment checks had not been undertaken prior to employment for some staff; the practice had not obtained references for some staff members before recruiting them. All the other recruitment checks were undertaken for example, proof of identification, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. The practice occasionally used locum GPs and checked that the locum agency had completed the required pre-employment checks.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. The practice had up to date fire risk assessments and carried out regular fire drills. 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 had a variety of other risk assessments in place to monitor safety of the premises

such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

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

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book was available.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs. The practice GPs prepared summaries of NICE guidance on release which is shared.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.
- The practice staff had access to local clinical guidelines through a dedicated website created by the local Clinical Commissioning Group (CCG). Through this website the practice also raised quality alerts by registering a concern about patient care which enabled the CCG to investigate it further and to provide feedback to the practice.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 99.2% of the total number of points available, with 14.0% clinical exception reporting. During the visit we reviewed a sample of seven records of patients who had been reported as an exception and found that it was appropriately reported. We also found that some of these patients were incorrectly coded and the practice was made aware of this during the inspection. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators was in-line with the Clinical Commissioning Group (CCG) and national average. For example, 78% of patients had

well-controlled diabetes, indicated by specific blood test results, compared to the CCG average of 75% and the national average of 78%. The number of patients who had received an annual review for diabetes was 87% which was above the CCG average of 75%.

- The percentage of patients over 75 with a fragility fracture who were on the appropriate bone sparing agent was 100%, which was above the CCG average of 95% and national average of 93%.
- The percentage of patients with atrial fibrillation treated with anticoagulation or antiplatelet therapy was 100%, which was above the CCG average of 97% and national average of 98%.
- Performance for mental health related indicators was above or in-line the CCG and national averages; 87% of patients had received an annual review in compared with CCG average of 84% and national average of 88%.
- The number of patients with dementia who had received annual reviews was 88% which was above the CCG average of 84% and national average of 84%.
- The number of patients with Chronic Obstructive Pulmonary Disease (COPD) who had received annual reviews was 93% compared with CCG average of 91% and national average of 90%.

Clinical audits demonstrated quality improvement.

- There had been two clinical audits completed in the last two years, one of these was a completed audit where the improvements made were implemented and monitored.
- For example, an audit of patients with coeliac disease was undertaken to ascertain if these patients were screened for osteoporosis according to recommended guidelines. The practice identified that some patients with coeliac disease had not been screened for osteoporosis. The practice offered screening for these patients and following screening they identified some patients with abnormal results and commenced treatment for these patients. The practice was planning to undertake this audit on an annual basis.
- Another clinical audit was undertaken to ascertain if patients with dementia had been prescribed antipsychotic medicines and had a successful withdrawal according to recommended guidelines. In the first cycle the practice identified some patients with dementia who had not had a successful withdrawal of these medicines. In the second and subsequent cycles of this audit after changes had been implemented the

Are services effective?

(for example, treatment is effective)

number of patients who had been prescribed these medicines according to recommended guidelines and had a successful withdrawal significantly increased. These patients were regularly reviewed to ascertain the need for continuing these medicines.

- The practice worked with the medicines management team and undertook mandatory prescribing audits such as antibiotic prescribing.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It covered topics such as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality, and basic life support.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to online resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs; however not all staff had yearly appraisals. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included on-going support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs.
- The practice is a training practice for GP registrars, foundation doctors and medical students.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. The practice reception and administrative staff had received customer service training. Staff had access to and made use of e-learning training modules and in-house training. Nurses, reception and admin staff had access to protected learning time when needed.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan on-going care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. The practice had monthly clinical meetings where the practice discussed ongoing cases and care plans were reviewed. The practice also had a monthly meeting with district nurses and palliative care nurses and three monthly meetings with health visitors. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

Supporting patients to live healthier lives

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

Are services effective?

(for example, treatment is effective)

- 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 and those with dementia. Patients were then signposted to the relevant service.

The practice's uptake for the cervical screening programme was 87%, which was comparable to the (Clinical Commissioning Group) CCG average of 84% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The practice offered sexual health clinics.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 73% to 95% and five year olds from 77% to 95%. Flu vaccination rates for diabetes patients were 96% which is above the national average.

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 for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All the 17 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

We spoke with 18 patients including one member of the Patient Participation Group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

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

- 83% said the GP was good at listening to them (Clinical Commissioning Group (CCG) average of 87%; national average of 89%).
- 77% said the GP gave them enough time (CCG average 84%, national average 87%).
- 96% said they had confidence and trust in the last GP they saw (CCG average 95%, national average 95%).
- 73% said the last GP they spoke to was good at treating them with care and concern (CCG average 82%, national average 85%).
- 97% said the last nurse they spoke to was good at treating them with care and concern (CCG average 90%, national average 91%).

- 74% said they found the receptionists at the practice helpful (CCG average 86%, national average 87%).

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views.

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

- 83% said the last GP they saw was good at explaining tests and treatments (Clinical Commissioning Group (CCG) average 83%, national average 86%).
- 73% said the last GP they saw was good at involving them in decisions about their care (CCG average 79%, national average 82%).
- 86% said the last nurse they saw was good at involving them in decisions about their care (CCG average 89%, national average 90%).

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

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. The practice had identified 3.9% (416 carers) of the practice list as carers. Written information was available to direct carers to the various avenues of support available to them.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice had recently signed up to be part of local GP Alliance and provided four to eight appointments seven days a week through Primary Care hubs which could be booked in advance; this was suitable for working patients and children who could not attend during normal opening hours.
- The practice patients had open access to a duty doctor throughout the working hours who triaged patients and provided emergency clinics.
- There were longer appointments available for patients with a learning disability and those with complex long-term conditions.
- Home visits were available for older patients and patients who would benefit from these.
- The practice provided a phlebotomy service at the practice to encourage older patients who may have difficulty in getting to the hospital.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately/were referred to other clinics for vaccines available privately.
- There were disabled facilities and translation services available.
- The practice nurses ran minor illness clinics to manage patients with simple issues.
- The patients had access to a duty doctor throughout the opening hours who triaged and saw patients as required.
- The practice offered a text messaging service which reminded patients about their appointments.
- The practice provided minor surgical procedures and coil fitting which reduced the need for referrals to hospital.

Access to the service

The practice was open between 8:00am and 6:30pm Monday to Friday. Appointments were available from

8:30am to 11:30am and 3:30pm to 6pm daily. The practice patients had open access to a duty doctor throughout the working hours who triaged patients and provided emergency clinics. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them. The practice had recently signed up to be part of local GP Alliance and provided four to eight appointments seven days a week through Primary Care hubs which can be booked in advance.

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

- 58% of patients were satisfied with the practice's opening hours (Clinical Commissioning Group (CCG) average 71%, national average 75%).
- 62% patients said they could get through easily to the surgery by phone (CCG average 70%, national average 73%).
- 27% patients said they always or almost always see or speak to the GP they prefer (CCG average 57%, national average 59%).

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

Listening and learning from concerns and complaints

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

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

We looked at fifteen complaints received in the last 12 months and these were satisfactorily dealt with; however some complaints were not responded in a timely manner. We saw evidence that the complaints had been acknowledged and responded to and letters were kept to provide a track record of correspondence for each complaint. There was no ombudsman information in the response letter sent to patients. Lessons were learnt from

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

concerns and complaints and action was taken to as a result to improve the quality of care. For example, a patient had complained that they were not able to obtain some of their regular medicines for the last 6 months from the pharmacy through repeat prescriptions. The practice investigated this complaint and found that some of the medicines for the patient had to be prescribed every 28

days and that the prescriptions had to be printed off and sent to the pharmacy as they were not able to send prescriptions electronically at that time. After discussion with the patient the practice then changed all of the patient's medicines to a 28 day cycle instead of a 56 day cycle so that all the patient's medicines could be dispensed at the same time.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff. They had a shared folder in their computer system which had all the practice policies which was regularly updated.
- There was a comprehensive understanding of the performance of the practice. There was evidence that benchmarking information was used routinely when monitoring practice performance.
- Governance meetings took place monthly with the partners and practice manager where management, clinical issues and strategy were discussed. A GP also attended the local cluster meeting every two months which gave an opportunity to meet other GPs and CCG representatives and to learn about proposed new local services. The practice did not have a regular staff meeting involving non-clinical staff and did not have a practice meeting involving all staff.
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality

care. They prioritise safe, high quality and compassionate care. The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff. There was a clear leadership structure in place and staff felt supported by management.

- Staff told us there was an open culture within the practice.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice.

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.

When there were unexpected or unintended safety incidents:

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

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

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

- The practice had gathered feedback from patients through the Patient Participation Group (PPG) and through surveys and complaints received. The practice had an active and engaging PPG with 10 members which met regularly carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the practice informs patients of delays during waiting times and had introduced text messaging service for appointment reminders.
- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice

Are services well-led?

Good 

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

team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area for example the practice recently took part in a healthcare visiting pilot for housebound patients. The practice also undertook an unscheduled care project, where their nurse practitioner

engaged with and educated patients who had high usage of unscheduled care, in order to promote best use of self-care and suitable services. The practice had recently obtained funding for an extension of one of the branches from NHS England.