

# Skyways Medical Centre

## Quality Report

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

### Ratings

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

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Skyways Medical Centre on 27 September 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Most risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with urgent appointments available the same day and routine appointments usually available within one week.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvement are:

- The practice should ensure that any follow-up or 'fail-safe' procedures for example in relation to urgent referrals are effectively designed, implemented and reviewed.

# Summary of findings

- The practice should risk assess its prescription security measures to ensure that its systems are sufficient to protect against the loss or misuse of prescription materials.
- The practice should improve the uptake of recommended child immunisations to meet the national 90% targets.
- The practice should ensure it includes the date of creation or review on all key documents and policies to reduce the risk of confusion.
- The practice should consider introducing some form of internal 'appraisal' process for the GP partners to ensure that their personal and practice-related development needs are identified.

**Professor Steve Field CBE FRCP FFPH FRCGP**

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes tended to be at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- The practice helped patients to live healthy lives and encouraged patients to participate in preventive vaccination and screening programmes. However, child immunisation uptake rates were somewhat below target.

Good



### Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patient ratings were in line with other practices in the area.
- Patients said they were treated with 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.
- The practice had identified 3% of registered patients as carers. The practice offered priority access to appointments and could provide information about further support to these patients.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with urgent appointments available the same day. Feedback was more mixed about access to routine appointments.
- 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.

Good



## Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.

Good



# Summary of findings

- 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, care planning and urgent appointments for those with enhanced needs. The practice nurse and GPs carried out home visits when appropriate.
- All patients over 65 were offered the annual flu vaccination. Housebound patients were able to have the flu vaccination at home.
- The practice also offered the shingles and pneumococcal vaccines to eligible older patients.
- The practice made use of relevant community health and other services, for example domiciliary phlebotomy, the falls clinic, carers centre. The practice had access to a local care coordinator who could assist for example if an older patient was socially isolated.

Good



### People with long term conditions

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

- The practice had improved its performance on the Quality and Outcomes Framework (QOF) achieving 96.4% in 2015/16.
- The practice kept registers of patients with long term conditions. These patients had a structured annual review to check their health and medicines needs were being met.
- The practice ran clinics for diabetes and patients receiving anticoagulant therapy. The practice offered insulin initiation when appropriate.
- The practice operated call-recall systems to encourage patients with long-term conditions to attend for their review.
- Practice performance for diabetes had improved markedly and was now above average. The percentage of diabetic patients whose blood sugar levels were adequately controlled was 85% compared to the clinical commissioning group average of 75% and the national average of 78%.
- Patients identified as at risk were reviewed and had a personalised care plan. Cases were discussed at regular multidisciplinary meetings.

Good



# Summary of findings

## Families, children and young people

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

- The practice offered pre-conception, maternity and postnatal services.
- 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 A&E attendances.
- The practice had not met the 90% national targets for standard childhood immunisations. For example, in 2015/16, 80% of children had received the recommended vaccinations by the age of one.
- Children and young people were treated in an age-appropriate way and were recognised as individuals. The premises were suitable for children and babies.
- Appointments were available outside of school hours. Young children and young people in vulnerable circumstances had priority access to same day appointments.
- We saw positive examples of timely communication and referral to health visitors, midwives and other health services.

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 and flexible.
- Appointments were available until 8pm two days a week. GP and nurse appointments were available in the evening.
- The practice offered a range of ways to access services, for example telephone consultations with a GP, online appointment booking and an electronic prescription service.
- The practice offered a full range of health promotion and screening services reflecting the needs for this age group, including NHS health checks for patients aged 40-74.
- 73% of eligible women registered with the practice had a recorded cervical smear result in the last five years compared to the CCG average of 78%.

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.

Good





# Summary of findings

- The practice held a register of patients living in vulnerable circumstances including people with a learning disability.
- The practice offered longer and same day appointments for patients with a learning disability or who were otherwise vulnerable due to their circumstances.
- The practice maintained a register of patients who were also carers. Carers were offered regular reviews and flu vaccination and referred to the local carers centre.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- Patients with no fixed address were supported to register at the practice.
- 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).

- 98% of patients with dementia had attended a face to face review of their care in the last year compared to the CCG average of 86%.
- All patients diagnosed with psychosis had a comprehensive care plan recorded in their notes compared to the CCG average of 89%.
- The practice was participating in a local audit to identify patients currently under the care of the local mental health services who could benefit from transfer to primary care.
- The practice liaised with specialist teams in the case management of patients experiencing poor mental health or who showed signs of becoming unwell.
- The practice was able to advise patients experiencing poor mental health and their carers how to access various support groups and voluntary organisations. The practice facilitated mental health advocacy when appropriate.
- 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.

Good



# Summary of findings

## What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice's results tended to be a little below the local and national averages although this was not statistically significant. The survey programme distributed 336 questionnaires by post and 96 were returned. This represented 2% of the patient list (and a response rate of 29%).

- 63% of patients found it easy to get through to this practice by phone compared to the clinical commissioning group (CCG) average of 72% and the national average of 73%.
- 81% of patients found the receptionists at this surgery helpful compared to the CCG average of 86% and the national average of 87%.
- 78% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 80% and the national average of 85%.
- 75% of patients described the overall experience of this GP practice as good compared to the CCG average of 81% and the national average of 85%.

- 62% of patients would recommend the surgery to someone new to the area compared to the CCG average of 73% and the national average of 78%.

We spoke with seven patients during the inspection (including four members of the patient participation group) and received 33 completed patient comment cards. Patients were very positive about care they received at the practice, and had confidence in the expertise of the clinical staff and the quality of care. They also described the clinical and reception staff as helpful and caring. One patient told us they had received excellent support following a bereavement. One person who was a carer commented that the doctor always spoke directly to their family member in a way they could understand and this meant a lot to the family.

The practice premises had recently been modernised and several patients comments on the improvement.

Patients told us on the day of the inspection that there were no issues accessing the service if a problem was urgent but routine appointments took longer, particularly if patients wanted to consult a particular doctor.

## Areas for improvement

### Action the service SHOULD take to improve

- The practice should ensure that any follow-up or 'fail-safe' procedures for example in relation to urgent referrals are effectively designed, implemented and reviewed.
- The practice should risk assess its prescription security measures to ensure that its systems are sufficient to protect against the loss or misuse of prescription materials.
- The practice should improve the uptake of recommended child immunisations to meet the national 90% targets.
- The practice should ensure it includes the date of creation or review on key documents and policies to reduce the risk of confusion.
- The practice should consider introducing some form of internal 'appraisal' process for the GP partners to ensure that their personal and practice-related development needs are identified.

# Skyways Medical Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC inspector. The team included a GP specialist adviser.

## Background to Skyways Medical Centre

Skyways Medical Centre provides NHS primary medical services to around 4500 patients in Hounslow. The service is provided through a general medical services contract.

The current practice clinical team comprises two GP partners and three regular locum GPs. The GPs typically provide around 20 sessions in total each week. The practice employs two practice nurses (part time) and a phlebotomist. The practice also employs a practice manager and administrative and reception staff. Patients have the choice of seeing a male or female GP.

The practice is open from 8am-6.30pm Monday to Friday. The practice additionally runs extended hours surgeries from 6.30pm-8pm on Monday and Friday evenings. The practice offers online appointment booking and an electronic prescription service. Same day and longer appointments are available for patients with complex or more urgent needs. The GPs make home visits to see patients who are housebound or are too ill to visit the practice.

When the practice is closed, patients are advised to use a contracted out-of-hours primary care service if they need

urgent primary medical care. The practice provides information about its opening times and how to access urgent and out-of-hours services in the practice leaflet, on its website and on a recorded telephone message.

The practice is located in a converted property which has been further extended and modernised in 2016.

The practice population age profile is similar to the English national average with around 5% of patients aged under five and 15% of patients aged over 65. The population in the practice area is characterised by average life expectancy and employment rates. The practice population is ethnically and culturally diverse with a relatively high proportion of patients of Indian heritage.

The practice is registered with the Care Quality Commission (CQC) to provide the regulated activities of diagnostic and screening procedures; maternity and midwifery services and treatment of disease, disorder and injury. The practice has not previously been inspected by CQC.

## Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal 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.

# Detailed findings

## 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 27 September 2016. During our visit we:

- Spoke with a range of staff including the GP partners, the practice nurse, the phlebotomist and receptionists.
- Observed how patients were greeted at reception.
- Inspected the facilities, environment and equipment.
- We spoke with seven patients including four members of the patient participation group.
- Reviewed 33 comment cards where patients shared their views and experiences of the service.
- Reviewed a sample of the treatment records or care plans of patients. We needed to do this to understand how the practice was involving patients and carers in decisions and to check it was carrying out health checks and medicine reviews in line with its policies.
- Reviewed a range of documentary sources of evidence including practice policies, protocols, audits, meeting minutes and monitoring checks.

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

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 incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of significant events and shared information and learning arising from significant events more widely through the clinical commissioning group (CCG), and the national NHS reporting system when appropriate.

We reviewed safety records, incident reports and patient safety alerts. The practice kept a log of significant events, critical incidents, near misses and relevant alerts.

Significant events were discussed at staff meetings as a standard agenda item and minutes retained. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, there had been a recent incident in which a syringe and needle had been put in a bin in the patient toilet. The practice discussed the incident at the team meeting, reviewed clinical waste disposal procedures and put up clearer signage in the toilets for patients.

### 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 to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Safeguarding 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. The practice had a designated lead for safeguarding children and vulnerable adults. The GPs provided safeguarding related reports where necessary for other statutory agencies and attended case conferences when possible. Staff demonstrated they understood their responsibilities and all staff (including the administrative staff), had received training on safeguarding children and vulnerable adults relevant to their role. The GPs and one practice nurse were trained to child safeguarding level 3. The second practice nurse was trained to level 2 and all other staff were trained to level 1.

- Notices in the waiting and consultation rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice had recently invested in a major modernisation of the premises to bring them up to current standards including infection control and prevention. One of the GP partners was the lead for infection control in the practice and the practice nurses was responsible for monitoring infection control practice day to day. The practice had comprehensive infection control policies in place including hand washing, handling of specimens and handling of 'sharps'. Staff had received up to date training and one of the practice nurses provided update sessions at team meetings, for example on effective hand washing techniques.
- The practice also carried out quarterly in-house annual infection control audits. The most recent audit had not identified any actions for improvement.
- The practice had effective arrangements for managing medicines safely (including obtaining, prescribing, recording, handling, storing, security and disposal of medicine). Processes were in place for handling repeat prescriptions which included the review of high risk medicines and regular review of patients on long-term prescriptions. The practice carried out regular

## Are services safe?

medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing.

- The practice had systems in place to keep prescription materials secure, for example in locked rooms. The practice did not keep a record of prescription serial numbers and staff were not fully confident they would be able to identify small-scale loss of materials.
- The practice had a 'cold chain policy' and systems in place to ensure vaccines and any other medicines were stored at the appropriate temperature. The practice nurse and health care assistant monitored fridge temperatures in line with current guidelines and kept records of daily checks.
- Patient group directions (PGDs) 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).
- We reviewed personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

### Monitoring risks to patients

Most 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 appropriate health and safety policies and protocols in place with named leads. The practice premises had been risk assessed for fire safety. The practice carried out regular fire drills and had an evacuation plan.
- All electrical equipment was checked to ensure it was safe to use and clinical equipment was checked to ensure it was working properly. The property management agency had risk assessments in place to monitor safety such as control of substances hazardous to health; infection control and legionella (*Legionella* is

a term for a particular bacterium which can contaminate water systems in buildings). The practice kept and was able to provide copies of environmental risk assessments.

- Arrangements were in place for planning and monitoring the number of staff needed to meet patients' needs. There was a rota system in place to ensure enough staff were on duty with the appropriate skill mix.
- The practice had systems in place to ensure that test results and urgent referrals were actioned, including a process to follow-up patients that had 'two-week' cancer referral appointments. However we found the 'two-week' follow-up process was flawed because patients who did not respond to an initial enquiry from the practice were not always tracked any further. The practice reviewed all outstanding patients and were able to confirm, the day after our visit, that none had been missed. The practice also told us that they had improved their procedure to ensure that these cases were more effectively monitored.

### Arrangements to deal with emergencies and major incidents

The practice had 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.
- There were emergency medicines available in the treatment room. The practice had a defibrillator available on the premises and oxygen with adult and child masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely. One item (injectable hydrocortisone) had expired and been removed and a replacement was on order with the pharmacy.
- 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 local 'pathways' agreed by the clinical commissioning group (CCG) and used this information to deliver care and treatment that met patients' needs.
- The clinical staff reviewed and discussed updates to guidelines at their meetings. The practice also conducted audits, medicines reviews with individual patients and checks of patient records to assess the treatment provided was evidence based. The practice was able to show us several examples of audits against prescribing guidelines, for example an audit of patients prescribed contraindicated combinations of medicines alongside simvastatin. In April 2015, the practice identified 31 patients who needed their medicines reviewing as a result. When the audit was repeated later in 2015 and again in 2016, the practice found only isolated cases but decided to repeat the audit annually.
- Clinicians used standardised templates within the electronic patient record system for care planning and reviews of long term conditions. Patients were given a copy of their care plan.

### 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 for 2015/16 were 96.4% of the total number of points available compared to the national average of 95.4%. The practice exception reporting rates tended to be close to the national average. (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). Data from 2015/16 showed:

- Practice performance for key diabetes related indicators was above the local and national averages. For example, 85% of diabetic patients had blood sugar levels that were adequately controlled (that is, their most recent IFCC-HbA1c was 64 mmol/mol or less) compared to the CCG average of 74% and the national average of 78%. Eighty-two per cent of practice diabetic patients had a recent total cholesterol reading in the normal range compared to the CCG average of 76% and national average of 80%.
- In 2015/16, 98% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months which was similar to the CCG average of 86%.
- All (33 of 33) patients with a diagnosis of psychosis had an agreed, comprehensive care plan compared to the CCG and national averages of 89%.

There was evidence of quality improvement including clinical audit.

- Clinical audits were prompted by changes and updates to guidelines, significant events, safety alerts and local prescribing priorities.
- The practice used clinical audit as a tool to monitor and improve its performance. The practice had logged multiple audits over the previous year, several of which were completed two-cycle audits where changes had been implemented and then re-audited to ensure the improvement had been sustained. For example, the practice had reviewed the management of patients with a history of splenectomy in 2015, identifying five patients whose management needed review. A re-audit in 2016 showed that all patients were being managed in line with current guidelines.
- The practice participated in locality based audits, national benchmarking and peer review and regularly liaised with the local NHS prescribing team. Findings were used by the practice to improve services, for example, the practice had reviewed its prescribing protocols which were discussed with the clinicians.

### Effective staffing

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

# Are services effective?

## (for example, treatment is effective)

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff.
- Staff with specific roles, for example chaperoning were given appropriate training and guidance.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included on going support, one-to-one meetings, team meetings and informal discussion and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months.
- One of the GP partners provided close monitoring, mentoring and regular review to support some of the regular locum doctors in the practice. The GP partners underwent external appraisal and revalidation as required, but the practice did not have a formal internal process to identify their learning needs in relation to practice-related strategy and goals.
- We were told that reflection, learning and development was encouraged. For example, the practice held clinical and team meetings. Clinical meetings included discussion of guidelines, reflection on significant events and complaints and unusual or challenging cases.
- All staff received mandatory training that included: safeguarding, fire safety awareness, basic life support and information governance.
- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services. Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital.
- Practice clinicians attended monthly multidisciplinary meetings in the locality at which care plans were routinely reviewed and updated for patients with complex needs. The practice also held monthly in-house multidisciplinary meetings and routinely liaised with health visitors, district nurses and the local palliative care team to coordinate care and share information.
- The practice shared information about patients with complex needs or who were vulnerable due to their circumstances. This ensured that other services such as the ambulance and out of hours services were updated with key information in the event of an emergency or other unplanned contact.

### 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 nurse assessed the patient's capacity and, recorded the outcome of the assessment. The practice had systems in place to ensure that where patients had made advance decisions, these were communicated to other services when necessary, for example, to the ambulance service if attending out of hours.

### Supporting patients to live healthier lives

### 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.



# Are services effective?

(for example, treatment is effective)

The practice identified patients in need of extra support. For example: patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.

- In 2015/16, 73% of eligible women registered with the practice had a recorded cervical smear result in the last five years compared to the CCG average of 78%. The practice ensured a female sample taker was available. There were systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.
- The practice also encouraged its patients to attend national screening programmes for bowel and breast

cancer screening. In 2014/15, the uptake for breast cancer screening was 72% compared to the CCG average of 67%. Bowel cancer screening uptake was 41% compared to the CCG average of 47%.

- Childhood immunisation rates were somewhat below target (90%). For example in 2015/16, 80% of eligible babies had received all recommended standard vaccinations by the age of one year and 82% of children had received the MMR vaccination by the age of two years. The practice followed up children who did not attend their initial appointments.
- Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. The staff carrying out health checks were clear about risk factors requiring further follow-up by a GP.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

We observed members of staff were polite and helpful to patients and treated them with 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 were able to take patients to a more private area if they needed to discuss sensitive issues or appeared distressed.
- The practice used interpreting and sign language services.

Patients who participated in the inspection were very positive about care they received at the practice, and had confidence in the expertise of the clinical staff and the quality of care. They also described the clinical and reception staff as helpful and caring. One person who was a carer commented that the doctor always spoke directly to their family member in a way they could understand and this meant a lot to the family. The practice scored in line with the local average for patient experience of consultations. For example:

- 85% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 85% and the national average of 89%.
- 80% of patients said the GP gave them enough time compared to the CCG average of 81% and the national average of 87%.
- 90% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and the national average of 95%.
- 77% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 80% and the national average of 85%.
- 85% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 85% and the national average of 91%.
- 81% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.

### Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision. We saw that care plans were personalised and shared with patients.

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. Again, the practice tended to score in line with the CCG average. For example:

- 77% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 82% and the national average of 86%.
- 72% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 77% and the national average of 82%.
- 80% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 79% and the national average of 85%.

### Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 125 patients who were carers (3% of the practice list). The practice offered carers the flu vaccination, priority for appointments and written about the various avenues of support available to them.

Staff told us that if patients had suffered bereavement, the GP would visit or telephone. The practice signposted patients to bereavement support services and recorded the bereavement in their medical records to ensure the clinical team would be aware. One patient told us they had received excellent support following a bereavement.

# 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, the clinical commissioning group (CCG) and was active in its locality group of GP practices to secure improvements to services where these were identified.

- The practice was offering adult phlebotomy to patients. Patients told us this was convenient.
- There were longer appointments available for patients with a learning disability or other more complex needs.
- Home visits were available for patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and patients with urgent medical problems.
- The practice offered travel vaccinations. The practice provided information about which vaccinations were available free on the NHS and which were available privately for a set fee.
- There were disabled facilities, a hearing induction loop and translation services.
- The practice was located in a converted property which had recently be substantively extended and modernised. The ground floor (waiting area, consultation rooms, toilet facilities) was fully accessible to people with disabilities. The practice also had some consultation rooms on the first floor which were only accessible by stairs. The doctors moved rooms should they need to consult with a patient on the ground floor.
- The practice had baby changing facilities and breastfeeding patients could request a quiet area.
- Patients were able to request appointments with a male or female GP.

### Access to the service

The practice was open from 8am-6.30pm Monday to Friday. The practice additionally ran extended hours surgeries from 6.30pm-8pm on Monday and Friday evenings. Telephone consultations were available daily. The practice offered online appointment booking and an electronic prescription service. Same day and longer appointments were available for patients with complex or more urgent needs.

Results from the national GP patient survey showed that patient satisfaction with access to the service tended to be somewhat below the local and national averages particularly for convenience of appointments:

- 62% of patients were satisfied with the practice's opening hours compared to the clinical commissioning group (CCG) average of 75% and the national average of 76%.
- 63% of patients said they could get through easily to the practice by phone compared to the CCG average of 72% and the national average of 73%.
- 78% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 80% and the national average of 85%.
- 65% of patients said their last appointment was convenient compared to the CCG average of 88% and the national average of 92%.

Patients told us that they were able to get urgent appointments the same day. Patient feedback about routine appointments was more variable. We reviewed the practice appointment system and found that routine appointments with either a GP or nurse were available in around one week. Appointments with a named GP might involve a longer wait. However, the practice was able to offer priority access to a named GP for patients with complex needs or long term conditions.

The practice had also recently added an additional telephone line as part of the refurbishment to improve telephone access to the service particularly at busy times.

The GPs made home visits to see patients who were housebound or too ill to visit the practice and made weekly visits to a nearby nursing home. The practice had a telephone triage (GP led) system in place to assess:

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

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

### Listening and learning from concerns and complaints

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

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

- 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.

The practice had received four written complaints within the last 12 months. Lessons were learnt from individual concerns and complaints and action was taken as a result to improve the quality of care, for example the practice had reviewed its repeat prescription process with staff following a complaint. Practice meetings included a standard agenda item on patient complaints.

# 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 statement of purpose which was displayed in the reception area. This stated that the practice aimed to provide evidence-based primary care to improve patient outcomes, health while treating patients with dignity and respect.

- The practice had a strategy and supporting business plans which reflected the vision and values and they were regularly monitored. For example, the practice partners had identified premises improvements as a high priority and had successfully bid for funding with the building and refurbishments almost complete by the time of the inspection.
- Staff were aware of the practice aims in general terms and told us they believed the practice was achieving its goals and provided a good service.

### 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 in folders and on the shared drive.
- There was a comprehensive understanding of the performance of the practice. Benchmarking information was used to monitor practice performance in comparison to other practices within the same locality.
- There were arrangements for identifying, recording and managing risks and implementing mitigating actions.
- The practice had written policies and procedures in place and regularly reviewed these. However, the practice did not always include the date of review on policies which had the potential to lead to confusion on the correct version to use.

### Leadership and culture

The partners and senior staff in the practice had the experience, capacity and capability to run the practice and

ensure high quality care. They told us they prioritised patient centred care and were able to provide examples and case studies. The partners and practice manager were accessible.

- There was evidence that changes to policies, guidelines, systems and processes were shared with staff.
- Staff said they felt respected, valued and supported by the partners, the lead GP and the practice managers.
- Staff consistently told us that the practice had improved in terms of the range and quality of services it provided and access to the service.
- The practice held regular staff meetings. Records of these meetings were kept for future reference. Staff told us that there was an open culture within the practice and they had the opportunity to raise any issue at meetings or with managers individually.
- The provider complied with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).

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

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

- It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG was active and met twice a year. We met with four members of the group. They were strong advocates for the practice and said they were well involved, for example the practice had shared the premises improvement plans with them. They told us the practice was very responsive to issues within their control but less progress had been made on more general issues such as the availability of disabled parking spaces on the street, tended to be outside the immediate control of the practice.
- The practice had also gathered feedback from staff through appraisals and staff discussion.
- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

### Continuous improvement

# Are services well-led?

Good 

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

- There was a focus on learning and improvement at all levels within the practice. The practice sought feedback from staff and patients, which it acted on.
- The practice had a clear strategy for improvement. This included premises issues, patient access, patients outcomes, and, the range of services offered. The practice had made demonstrable progress in these areas since the current partners had joined the practice.
- The practice had systematically improved its management of long-term conditions as measured by the Quality and Outcomes Framework (QOF). For example, the practice had increased the percentage of diabetic patients whose blood sugar levels were adequately controlled from 63% (significantly below the national average) in 2014/15 to 85% (above average) in 2015/16 without significant changes to exception reporting.
- The practice was committed to supporting the training and re-skilling of the medical workforce and took on regular locums, including, on occasion doctors with conditions on their professional registration. The practice, and one of the GP partners in particular, provided mentoring and regular review to support doctors in this position with demonstrable success. The practice liaised with educational supervisors and relevant professional bodies as appropriate.