

# Kings Cross Surgery

## Quality Report

St Pancras Hospital

London

NW1 0PE

Tel: 020 7278 9074

Website: [www.kingscorssurgery.co.uk](http://www.kingscorssurgery.co.uk)

Date of inspection visit: 31 May 2017

Date of publication: 07/08/2017

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?	Requires improvement	
Are services responsive to people's needs?	Good	
Are services well-led?	Good	

# Summary of findings

## Contents

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	11
Areas for improvement	11
Outstanding practice	11

### Detailed findings from this inspection

Our inspection team	12
Background to Kings Cross Surgery	12
Why we carried out this inspection	12
How we carried out this inspection	12
Detailed findings	14

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Kings Cross Surgery on 31 May 2017. 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.
- The practice had clearly defined and embedded systems to minimise risks to patient safety.
- There was a full time male and female Bengali interpreter on the premises at all times.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- Results from the national GP patient survey showed patients rated the practice lower than the CCG and national averages for several aspects of care.

- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients we spoke with said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice used a number of data analysis tools to benchmark the practice against other practices and monitor performance.
- 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 the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.

The areas where the provider should make improvement are:

# Summary of findings

- Continue to work to improve patient satisfaction in all areas including consultations with GPs and nurses and access to services.
- Consider the proactive use of longer appointments to reduce patient waiting times.
- Continue to work to improve exception reporting rates especially in cervical cytology.

**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.

- From the sample of documented examples we reviewed, we found there was an effective system 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 were informed as soon as practicable, 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 to minimise risks to patient safety.
- The practice had a range of risk assessments and action plans made as a result were followed.
- The practice had good systems for actioning and recording patient safety alerts.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had adequate arrangements to respond to emergencies and major incidents.

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 comparable to the CCG and national averages and there was a year on year decrease in exception reporting rates.
- Staff were aware of current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills and knowledge to deliver effective care and treatment.
- The practice used data analysis tools to benchmark against other practice and monitor practice performance.
- 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.
- End of life care was coordinated with other services involved.

Good



# Summary of findings

## Are services caring?

The practice is rated as requires improvement for providing caring services.

- Data from the national GP patient survey showed patients rated the practice lower than the CCG and national averages for several aspects of care.
- Survey information we reviewed showed that patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice had identified 1% of its patient list as a carer.

Requires improvement



## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice understood its population profile and had used this understanding to meet the needs of its population.
- A full time female and male Bengali interpreter was on the premises at all times.
- The practice offered extended hours appointment on a Tuesday evening until 7:30pm and had appointments on a Saturday morning.
- Email consultations were available for non urgent symptoms.
- The practice was a part of the local HUB, which provided weekday evening and weekend appointments with a GP and practice nurse when the practice was closed.
- Longer appointments were not proactively offered.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- Patients we spoke with said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and evidence from four examples reviewed 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.

Good



# Summary of findings

- 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.
- An overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- The provider was aware of the requirements of the duty of candour. In one example we reviewed we saw evidence the practice complied with these requirements.
- The GPs and management team encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged with the patient participation group.
- There was a focus on continuous learning and improvement at all levels. Staff training was a priority and was built into staff rotas.
- GPs who were skilled in specialist areas used their expertise to offer additional services to patients.

# 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.

- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Where older patients had complex needs, the practice shared summary care records with local care services.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible.
- The practice had identified 1% of its patient list as a carer, and offered them an annual review and directed them to support services as required.

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 long-term disease management and patients at risk of hospital admission were identified as a priority.
- 87% of patients on the diabetes register had a HbA1c blood test result of 64mmol/mol or less in the preceding 12 months compared to the CCG average and national average of 78%. There was an exception reporting rate of 3%, which was lower than the CCG average of 8% and the national average of 13%.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.

Good



# Summary of findings

- All these patients had a named GP and there was a system to recall patients for 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.
- The practice did not automatically allocate longer appointments for annual reviews for these patients.

## Families, children and young people

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

- From the sample of documented examples we reviewed we found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- Immunisation rates were comparable to the CCG and national averages for all standard childhood immunisations.
- Patients told us, on the day of inspection, that children and young people were treated in an age-appropriate way and were recognised as individuals.
- The practice provided support for premature babies and their families following discharge from hospital.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked with midwives, health visitors and school nurses to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics.
- The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications.

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 these populations had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care, for example, extended opening hours one evening a week and Saturday appointments.

Good





# Summary of findings

- 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.
- Email consultations were available for non urgent symptoms and there were telephone consultations offered daily.
- The practice was a part of a local HUB, which provided GP and nurse appointments to patients on weekday evenings and on weekends when the practice was closed.
- Health promotion advice was offered and there was health promotional material available in other languages.

## 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.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice did not offer longer appointments for patients with a learning disability unless they requested it.
- There was a full time male and female Bengali interpreter on the premises at all times.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They 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.

Good



## People experiencing poor mental health (including people with dementia)

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

- The practice carried out advance care planning for patients living with dementia.

Good



# Summary of findings

- 83% 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 and the national average of 84%. Exception reporting was 7% which was the same as the national average and similar to the CCG average of 6%.
- The practice specifically considered the physical health needs of patients with poor mental health and dementia. For example, the practice was a part of a scheme called 'team around the practice' which supported these patients and provided joint consultations with the GP and a specialist.
- The practice did not provide longer appointments for these patients unless they requested them.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- 92% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive agreed care plan documented in their record in the preceding 12 months compared to the CCG average 88% and the national average of 89%. There was an exception reporting rate of 3%, which was below the CCG average of 5% and the national average of 10%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- Patients at risk of dementia were identified and offered an assessment.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and dementia.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing below local and national averages. Three hundred and fifty two survey forms were distributed and 55 were returned. This represented 1.2% of the practice's patient list.

- 70% of patients described the overall experience of this GP practice as good compared with the CCG average of 84% and the national average of 85%.
- 55% of patients described their experience of making an appointment as good compared with the CCG average of 71% and the national average of 73%.
- 67% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 80%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 19 comment cards which were all positive about the standard of care received, however there was a trend regarding patient satisfaction with being able to make an appointment.

We spoke with nine patients during the inspection. All nine patients said they were satisfied with the care they received and thought staff were approachable, friendly, committed and caring, however patients mentioned difficulty in being able to make an appointment. The practice participated in the Friends and Family Test, which showed that 80% of patients would recommend the practice and 20% would neither recommend or not recommend the practice.

## Areas for improvement

### Action the service SHOULD take to improve

The areas where the provider should make improvement are:

- Continue to work to improve patient satisfaction in all areas including consultations with GPs and nurses and access to services.
- Consider the proactive use of longer appointments to reduce patient waiting times.
- Continue to work to improve exception reporting rates especially in cervical cytology.

## Outstanding practice

# Kings Cross Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, a practice nurse specialist adviser and an Expert by Experience.

## Background to Kings Cross Surgery

Kings Cross Surgery is managed by AT Medics and is located within the St Pancras Hospital grounds and shares a building with the 111 service. The practice is part of Camden Clinical Commissioning Group (CCG).

There are 4524 patients registered with the practice, 60% of whom are of Bengali decent and many do not have English as a first language. The practice has a large number of unemployed patients at 19% compared to the CCG average of 7% and the national average of 4% and a low number of patients aged over 65 years at 4% compared with the CCG average of 9% and the national average of 17%.

The practice has one male and one female salaried GP and a regular female locum who carry out a total of 12 sessions per week. There is one prescribing pharmacist who carries out six sessions per week, a practice nurse who completes seven sessions per week and a health care assistant. The practice also has a four member management team, six reception/administration staff members and two full time Bengali interpreters (one male one female).

The practice operates under an Alternative Provider Medical Services (APMS) contract – a locally negotiated contract open to both NHS practices and voluntary sector or private providers e.g. many walk-in centres.

The practice is open on Monday to Friday between 8am and 6:30pm and on Saturday between 9am to 12pm. Phone lines are answered from 8am and appointment times are as follows:

- Monday 8:10am to 11:45pm and 2pm to 5:15pm
- Tuesday 8:10am to 11am and 2pm to 7:30pm
- Wednesday 8:10am to 12:45pm and 2:40pm to 5pm
- Thursday 9am to 11:50am and 3pm to 5:50pm
- Friday 8:10am to 10:40am and 4pm to 6:20pm
- Saturday 10am to 11:50am

The locally agreed out of hours provider covers calls made to the practice whilst it is closed.

Kings Cross Surgery operates regulated activities from one location and is registered with the Care Quality Commission to provide maternity and midwifery services, treatment of disease, disorder or injury and diagnostic procedures.

## Why we carried out this inspection

We inspected this service as part of our comprehensive programme. This service had previously been inspected in February 2015 and the overall rating for the practice was good. The full comprehensive report published in July 2015 can be found by selecting the 'all reports' link for Kings Cross Surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

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

# Detailed findings

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. We carried out an announced visit on 31 May 2017. During our visit we:

- Spoke with a range of staff including GPs, nurses and management and reception staff members. We also spoke with patients who used the service.
- Observed how patients were being cared for in the reception area and talked with carers and/or family members.
- Reviewed a 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.
- Looked at information the practice used to deliver care and treatment plans.

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 living 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 a system 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). The practice sends all significant events to the AT Medics board, who discuss it as a team and input into the learning where necessary before disseminating back to the practice and all the 35 AT Medics practices so learning can be shared.
- From the sample of two documented examples we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. The practice carried out a thorough analysis of the significant events and had documented seven in the past 12 months.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, we viewed a significant event about an NHS cyber attack which resulted in the practice having to shut down all of its computer systems. We saw that the practice printed lists of all the patients due to attend the practice and used paper record, hand held prescriptions and documented consultation on written cards. This was discussed in a practice meeting where the business continuity plan was reviewed and it was agreed that it worked.
- The practice also monitored trends in significant events and evaluated any action taken.

### Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff on the practice's computer system. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a GP lead for safeguarding. From the sample of two documented examples we reviewed we found that the GPs provided reports where necessary for other agencies.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child safeguarding level three and nurses and non-clinical staff were trained to level two.
- A notice in the waiting room and all 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. There were cleaning schedules and monitoring systems in place.
- The practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training. Annual IPC 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 vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

## Are services safe?

- There were processes for handling repeat prescriptions which included the review of high risk medicines such as warfarin and methotrexate. Repeat prescriptions were signed before being given to patients and there was a reliable process to ensure this occurred. The practice carried out regular 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. Blank prescription forms and pads were securely stored and there were systems to monitor their use. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. PGD's 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 variety of other risk assessments 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).
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. All staff members booked annual leave in advance and there was a rota system to ensure enough staff were on duty to meet the needs of patients.

### Arrangements to deal with emergencies and major incidents

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

We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

### Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available.
- The practice had an up to date fire risk assessment and carried out regular fire drills. There were designated fire marshals within the practice. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- There was an instant messaging system on all computers in the practice, 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 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.
- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and copies were held by staff members and AT Medics outside of the premises in case of restricted access to the building.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through discussions at clinical meetings and updates from AT Medics.
- Patient safety alerts were a standard agenda item at clinical meetings, the practice kept written records of all patient safety alerts that included any patient searches carried out as a result and action taken. All relevant staff signed to state that they read and understood the alerts.

### 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% of the total number of points available compared with the clinical commissioning group (CCG) average and the national average of 95%. There was an overall exception reporting rate was 9% (decreased from 14% in 2015/16) compared to the CCG of 4% and the national average of 6%. 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 QOF showed:

- Performance for diabetes related indicators was above the CCG and national averages. For example 87% of patients on the diabetes register had a HbA1c blood test result of 64mmol/mol or less in the preceding 12

months compared to the CCG average and national average of 78%. There was an exception reporting rate of 3%, which was lower than the CCG average of 8% and the national average of 13%.

- Performance for mental health related indicator was similar to the CCG and national averages. For example 83% 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 and the national average of 84%. Exception reporting was 7% which was the same as the national average and similar to the CCG average of 6%.

There was evidence of quality improvement including clinical audit:

- There had been 10 clinical audits commenced in the last 18 months, two of these were completed audits where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, the practice completed an audit looking at type two diabetes with the aim of making sure that these patients were receiving optimal care. The first audit showed that 77% of patients had a blood pressure reading of 140/80 or less, 82% of patients had a cholesterol reading of less than 5.0mmol, 64% of patients had a HbA1c reading of less than 59 and 73% of patients were referred to the structured education programme. These results were discussed at a clinical meeting where the NICE guidelines were reviewed and discussed and new standards were set. The second audit showed an improvement, 85% of patients had a blood pressure reading of 140/80 or less, 88% of patients has a cholesterol reading of less than 5.0mmol, 76% of patients had a HbA1c reading of less than 59 and 100% of patients were referred to the structured education programme.

Information about patients' outcomes was used to make improvements such as: having two full time interpreters in the practice daily.

### Effective staffing

Evidence reviewed showed that staff had the skills and knowledge 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. For example, for those reviewing patients with long-term conditions and carrying out cervical cytology.
- 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 attending updates, access to on line resources and discussion at practice meetings and nurses forums.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- From the sample of three documented examples we reviewed we found that the practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were

referred, or after they were discharged from hospital. Information was shared between services, with patients' consent, using a shared care record. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs. The practice also worked closely with other practice who were managed by AT medics and learning and good practice was shared.

The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

### 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 discussions at practice meetings.

### Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to relevant services. For example:

- Patients receiving end of life care, patients with cancer, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and patients who did not have English as a first language.
- A dietician was available on the hospital premises and smoking cessation advice was available in the practice.

The practice's uptake for the cervical screening programme was 81%, which was above the CCG average of 72% and the same as national average. Exception reporting was high at 25% compared to the CCG average of 5% and the national average of 7%. The practice was aware of its high exception reporting rate, this was partly due to the number

# Are services effective?

(for example, treatment is effective)

of women who declined to have the screening done due to cultural reasons. In the past 12 months the practice received 132 written declines for the cervical screening test, the practice worked with local charities and held health awareness days where they promoted the screening, the practice also used the interpreters to contact patients and have discussions about the importance of the screening in their own language. There was a policy to offer telephone or written reminders for patients who did not attend for their cervical screening test. There were also leaflets available in other languages about the benefits of being screened. There were failsafe systems 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 demonstrated how they encouraged uptake of the screening programme by using information in different languages and they ensured a female sample taker was available.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer. For example, 51% of female patients aged between

50 and 70 years old had been screened for breast cancer in the past three years compared to the CCG average of 60% and the national average of 73%. Thirty nine percent of patients aged 60 to 69 were screened for bowel cancer in the past 30 months compared to the CCG average of 48% and the national average of 58%.

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

Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were comparable to national averages. For example, rates for the vaccines given to under two year olds ranged from 83% to 96% compared to the national average of 90%. Uptake for five year olds from 67% to 94% compared to the CCG averages of 74% to 91% and the national average of 90%.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

During our inspection we observed that 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.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patients could be treated by a clinician of the same sex.

All of the 19 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with nine patients during the inspection. They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 80% of patients said the GP was good at listening to them compared with the CCG average of 87% and the national average of 89%.
- 76% of patients said the GP gave them enough time compared to the CCG average of 85% and the national average of 87%.
- 83% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 90% and the national average of 95%.
- 73% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 83% and the national average of 85%.

- 86% of patients said the nurse was good at listening to them compared with the CCG average of 87% and the national average of 91%.
- 83% of patients said the nurse gave them enough time compared with the CCG average of 88% and the national average of 92%.
- 96% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 96% and the national average of 97%.
- 82% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 86% and the national average of 91%.
- 75% of patients said they found the receptionists at the practice helpful compared with the CCG and the national average of 87%.

The practice were aware of its low patient satisfaction scores and carried out its own survey to gather further information, this survey yielded the same results as the national patient GP survey, we saw that this was discussed in a practice meeting and with the patient participation group (PPG). We saw that as a result a piece of work was done looking at which clinician should be seen for what symptoms to free up GP time and discussions were held about bedside manner. The practice also increased its opening hours to include Saturdays. All reception staff members were sent on customer services training and the practice followed the 'SMART' ethos, which stood for smile, meet, ask, remind and thank when dealing with patients.

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

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

We were told by patients we spoke with and practice staff members that children and young people were treated in an age-appropriate way and recognised as individuals.

## Are services caring?

Results from the national GP patient survey showed patients did not always respond 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:

- 82% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG and the national average of 86%.
- 67% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG and the national average of 82%.
- 80% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 85% and the national average of 90%.
- 76% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 81% and the national average of 85%.

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

- Staff told us that interpretation services were available for patients who did not have English as a first language and the practice also had two full time (one male and one female) Bengali interpreters as 60% of the patient population was of Bengali decent. We saw notices in the reception areas informing patients this service was available. Patients were also told about multi-lingual staff who might be able to support them.
- Information leaflets were available in easy read format and other languages.
- The e-referral service was used with patients as appropriate. (e-referral is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital).

- Health promotion videos were played in the reception area for example a mental health awareness video in Bengali made by the practice.
- The practice worked with a local charity who provided support to patients who had large numbers of children.
- The practice was also a part of a scheme called 'team around the practice' who provided support to mental health patients and carried out joint consultations with the GPs and nurses.

### **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. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 45 patients as carers (1% of the practice list). Written information was available to direct carers to the various avenues of support available to them. Older carers were offered timely and appropriate support, patients were offered an annual flu vaccination and health check. The practice also worked with a local carers organisation who provided support and respite to carers.

Staff told us that if families had experienced 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 understood its population profile and had used this understanding to meet the needs of its population:

- The practice offered extended hours appointments on a Tuesday evening until 7:30pm and on a Saturday between 10am and 11:50am for working patients who could not attend during normal opening hours.
- Patients with a learning disability could request a longer appointment.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice sent text message reminders of appointments and test results.
- There were email consultations available for non urgent symptoms for patients who were unable to attend the practice.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately.
- The practice was a part of the local HUB, which provided GP and nursing appointments to patients on weekday evenings and on weekends whilst the practice was closed.
- There were accessible facilities, which included a hearing loop, and interpretation services available.
- The practice has considered and implemented the NHS England Accessible Information Standard to ensure that disabled patients receive information in formats that they can understand and receive appropriate support to help them to communicate.

### Access to the service

The practice was open on Monday to Friday between 8am and 6:30pm and on Saturday between 9am to 12pm. Phone lines were answered from 8am and appointment times were as follows:

- Monday 8:10am to 11:45pm and 2pm to 5:15pm
- Tuesday 8:10am to 11am and 2pm to 7:30pm (extended hours)
- Wednesday 8:10am to 12:45pm and 2:40pm to 5pm
- Thursday 9am to 11:50am and 3pm to 5:50pm
- Friday 8:10am to 10:40am and 4pm to 6:20pm
- Saturday 10am to 11:50am

The locally agreed out of hours provider covered calls made to the practice whilst it was closed.

The practice offered 85 appointments per 100 patients per week. In addition to pre-bookable appointments that could be booked up to eight weeks in advance, urgent appointments were also available for patients that needed them. The practice also offered email consultations for non urgent symptoms, telephone triage and telephone consultations.

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

- 60% of patients were satisfied with the practice's opening hours compared with the CCG average of 71% and the national average of 76%.
- 67% of patients said they could get through easily to the practice by phone compared to the national average of 73%.
- 58% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG and the national average of 76%.
- 87% of patients said their last appointment was convenient compared with the CCG average of 88% and the national average of 92%.
- 55% of patients described their experience of making an appointment as good compared with the CCG average of 71% and the national average of 73%.
- 34% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 56% and the national average of 58%.

The practice was aware of its low patient satisfaction scores, as a result the practice increased its opening hours to include appointments on a Saturday morning and

# Are services responsive to people's needs?

(for example, to feedback?)

installed an electronic notice board in the patient waiting area, which notified patients of how long they had to wait to see each clinician. The practice hoped that this would be reflected in the next survey results.

Patients told us on the day of the inspection that they were able to get emergency appointments when they needed them but they felt that they had to wait more than a week for a routine appointment.

The practice had a system to assess:

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

Reception staff would inform the GP when a home visit request was received, the GP would then contact the patient to assess the need for a home visit and arrange a time to visit. 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 a system for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The assistant manager handled all complaints in the practice and learning was shared with all other AT Medic practices.
- We saw that information was available to help patients understand the complaints system. There was a complaints leaflet (in English and Bengali), a complaints poster and information was displayed in the practice leaflet and on the practice website.

The practice received three verbal and three written complaints in the past 12 months. We looked at four of the complaints and found these were satisfactorily handled and dealt with in a timely manner with openness and transparency. Lessons were learned from individual concerns and complaints, from the complaints and learning disseminated from other AT Medic practices and also from analysis of trends and action was taken as a result to improve the quality of care. For example, we viewed a complaint from a patient due to their referral being sent to the wrong department. We saw that the patient received an apology and the practice carried out an investigation and discussed the event in a practice meeting where staff members were reminded to double check where referrals had to be sent and ensure that all referrals are followed up to make sure that they are received.

# 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 clear strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- The practice used a number of data analysis tools to benchmark the practice against other practices and monitor performance.

### 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 and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities as well as the roles of their colleagues. GPs and nurses had lead roles in key areas such as long term conditions.
- Practice specific policies were implemented and were available to all staff on the practices computer system. These were updated and reviewed regularly.
- A comprehensive understanding of the performance of the practice was maintained. Practice meetings were held monthly which provided an opportunity for staff to learn about the performance of the practice.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. For example, the practice had a practice risk assessment, a fire risk assessment and an infection control audit.
- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints; these were standing agenda items.

### Leadership and culture

On the day of inspection the GPs and members of the management team told us they prioritised safe, high quality and compassionate care. Staff told us the GPs and managers were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems to ensure compliance 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). This included support training for all staff on communicating with patients about notifiable safety incidents. The management team encouraged a culture of openness and honesty. We looked at one documented example and found that the practice had systems to ensure that when things went wrong with care and treatment:

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

There was a clear leadership structure and staff felt supported by management.

- The practice held and minuted a range of multi-disciplinary meetings including meetings with other AT Medic practices, with district nurses and social workers to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- We saw that the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. We noted team away days were held every 12 months. Minutes were comprehensive and were available for practice staff to view, emails containing minutes of meetings were sent to staff members who were unable to attend.
- Staff said they felt respected, valued and supported, particularly by the GPs in the practice. All staff were involved in discussions about how to run and develop the practice, and the management team encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

# Are services well-led?

Good 

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

The practice encouraged and valued feedback from patients and staff. It proactively sought feedback from:

- patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, as a result of the PPG the practice invested in new wipeable chairs and sent a text message to the whole practice list informing them that the practice had a PPG and encouraged them to sign up.
- the NHS Friends and Family test, complaints and compliments received.
- staff through staff away days and generally through staff meetings, appraisals and discussion. 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 and as a result of suggestions from reception staff members all reception staff were trained to do the scanning to allow for cover when a staff member was off ill and at least two staff members were on scanning duty each day.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. The practice was very aware of their patient population and had two full time Bengali interpreters on the premises at all times and used a range of data analysis tools to benchmark the practice against other practices and monitor practice performance.