

Dr Roshanali Moman

Quality Report

Station Road Surgery
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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?

Requires improvement



Are services caring?

Outstanding



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Roshanali Moman, Station Road Surgery on 13 January 2017. Overall the practice is rated as good.

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

- Staff used an effective system to report and investigate significant events and there was an up to date policy in place. The practice had documented two significant events in the previous 12 months and could evidence learning from both.
- Risks to patients were assessed and well managed, including through medicines management and safeguarding processes.
- 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.
- There was evidence of multidisciplinary working to meet the complex needs of patients, including vulnerable people and those who received palliative care.
- Patients provided positive feedback about the caring nature of staff and said they took the time to listen to their concerns. We saw staff treated people with compassion, dignity and respect and involved them in care planning 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.
- There was a clear leadership structure and the small team meant all staff worked well together and maintained up to date knowledge of national guidance. It also meant the whole team were involved in updates to policies.
- The provider was aware of and complied with the requirements of the duty of candour.
- The practice achieved consistently high GP patient survey results.

Summary of findings

The areas where the provider should make improvement are:

- Ensure audits are completed to a minimum of two cycles and to a standard that ensures improvements are identified and embedded.
- Ensure language interpretation services are available to patients as needed.
- Ensure expired controlled drugs are disposed of immediately and in line with local pharmacy guidelines.

We also found areas of outstanding practice:

- In 2016 NHS England rated the practice third in the country for GP survey results, which included significantly better results than clinical commissioning group and national averages.

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.

Good



- Staff demonstrated effective use of the system for reporting and recording significant events. There had been two reported incidents in the 12 months prior to our inspection and it was evident that lessons were identified and shared to make sure action was taken to improve safety.
- 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.
- Infection control policies and leadership were up to date but the practice did not maintain a central register of the steam cleaning and decontamination of carpeted areas.
- Risks to patients were assessed and well managed including in relation to action taken as a result of national safety alerts. Controlled drugs were appropriately managed with the exception of timely disposal.
- The practice had an up to date health and safety policy for staff advising them of the correct protocol for managing risks identified within the practice.
- Fire safety policies were up to date and staff had been trained. A business continuity plan was up to date and ensured patients could still access care and treatment if the service was interrupted.

Are services effective?

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

Requires improvement



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were similar to or better than the national average. Exception reporting rates were comparable to, or lower than, the national average in 19 out of 21 clinical domains.
- Staff assessed needs and delivered care in line with current evidence based guidance and there was a structured system in place to ensure updates were tracked and applied to practice policies.

Summary of findings

- Clinical audits were limited and not completed using a two-cycle system. However, audits showed care was in line with best practice and there was a track-record of effective, multidisciplinary and individualised care.
- Staff had the skills, knowledge and experience to deliver effective care and treatment because they had access to on-going clinical training that met the needs of the local population and of national policies.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs, including those with mental health needs.

Are services caring?

The practice is rated as outstanding for providing caring services.

- Data from the national GP patient survey showed patients rated the practice significantly higher than local and national averages for all measured aspects of care and experience.
- NHS England rated the practice third nationally in 2016 for GP patient survey results.
- The GP and practice nurses provided an individualised palliative care service to patients and relatives. This included regular home visits and personal on-demand phone support at all times.
- Patients reported 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 easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Outstanding



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 clinical commissioning group and other local organisations to secure improvements to services where these were identified.
- The practice developed services to meet the needs of the local population, including patients recently diagnosed with a new condition and newly registered patients.
- The practice had adapted appointment times to meet local demand. This included a reduction in afternoon appointments and the introduction of evening appointments four days per week. Saturday morning appointments were also available.

Good



Summary of findings

- The practice had accessible facilities including dedicated parking for patients with reduced mobility.
- Information about how to complain was available and easy to understand. The practice had not recorded a formal complaint since 2014 and so we could not review the investigation process.

Are services well-led?

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

- The practice had a 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 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.
- Staff were 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 practice demonstrated a consistent and proactive approach to improvement, innovation and sustainability. This included the introduction of online accessibility to appointments and the availability of Sunday appointments through a GP co-operative.
- The practice did not have a formal patient participation group and was in the process of forming a group.

Good



Summary of findings

The six population groups and what we found

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

Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with complex needs.
- The practice invited all patients over 75 years to attend an annual health check and also offered patients an annual medication review and home flu vaccinations. Health checks were comprehensive and included a review of immunisation, continence, physical function, psychological function, social needs and nutrition.
- The practice arranged for home-delivery of prescriptions for housebound patients or those with reduced mobility.

People with long term conditions

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

Good



- Clinical staff offered chronic disease management and patients at risk of hospital admission were identified as a priority. Clinics including respiratory assessment and phlebotomy were available.
- The practice maintained a disease register and ensured patients received regular reviews.
- Performance for diabetes related indicators was similar to or better than the national average. For example the percentage of patients with diabetes in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less (01/04/2015 to 31/03/2016) was 83% compared to the CCG average of 76% and the national averages of 78%. In addition the percentage of patients in the same period in whom the last measured total cholesterol was 5mmol/l or less was 76% compared with the CCG average of 78% and national average of 80%.
- Patients had a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Summary of findings

- Patients were offered longer appointments and staff assessed both medical and psychological needs.
- The GP and practice nurse offered a dedicated at-home palliative care service for patients that included emotional support for relatives and 24-hour telephone support.

Families, children and young people

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

- The practice scored 8.4 out of 10 for standard childhood immunisations up to the age of two and achieved the national target of 90% in three of the four NHS England sub-indicators.
- The practice's uptake for the cervical screening programme was 79% which was comparable to the CCG average of 78% and the national average of 81%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice nurse offered a baby clinic every two weeks.
- Staff offered a text message and e-mail reminder service for baby immunisations.
- The practice provided sexual health advice and screening for young people.

Good



Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a range of health promotion and screening that reflected the needs of this age group, including electronic prescribing and sexual health.
- A pre-travel health risk assessment service was available along with a range of travel vaccinations, including for yellow fever.
- The practice offered extended hours up to 7pm four days per week and Saturday morning appointments.
- The practice provided temporary registration for students and carers including access to urgent appointments and sexual health screening.

Good



Summary of findings

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



- The practice held a register of patients living in vulnerable circumstances including homeless people, those over 75 years of age living alone and those with a learning disability. For these patients the practice offered longer appointments and an annual health check.
- The GP or practice nurse followed up every patient discharged from hospital to assess their needs and discuss strategies to avoid a readmission.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies.
- Patients who were considered vulnerable were given open-access to the surgery without the need for an advance appointment.

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).

Good



- 75% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was lower than the national average of 84%. The practice had exception reported 0% compared to the national average of 7%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia or deteriorating mental health.
- The practice told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Staff 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 and related to feedback collected between July to September 2015 and January to March 2016. The results showed the practice was performing significantly better than local and national averages. Two hundred and seven survey forms were distributed and 101 were returned. This represented 5% of the practice's patient list.

- 100% of patients found it easy to get through to the practice by phone compared to the Clinical Commissioning Group (CCG) average of 66% and the national average of 73%.
- 100% 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 72% and the national average of 76%.
- 99% of patients described the overall experience of this GP practice as good compared to the CCG average of 82% and the national average of 85%.

- 99% of patients said the last GP they saw was good at giving them enough time compared to the CCG average of 84% and the national average of 87%.

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection. We received 32 comment cards, all of which were positive about the standard of care received. The overall themes were that staff were friendly, compassionate and took the time to listen. Patients commented they felt care was personalised and 19 patients noted they had been registered with the practice for several years and appreciated the continuity of care. Ten patients commented they could always get an appointment when they needed one and 75% of comment cards made a reference to the practice team and their welcoming and positive attitude.

Areas for improvement

Action the service SHOULD take to improve

- Ensure audits are completed to a minimum of two cycles and to a standard that ensures improvements are identified and embedded.
- Ensure language interpretation services are available to patients as needed.
- Ensure expired controlled drugs are disposed of immediately and in line with local pharmacy guidelines.

Outstanding practice

- In 2016 NHS England rated the practice third in the country for GP survey results, which included significantly better results than clinical commissioning group and national averages.

Dr Roshanali Moman

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector and the team included a GP specialist adviser.

Background to Dr Roshanali Moman

Dr Roshanali Moman is based at Station Road Surgery, 33b Station Road, Barnet, EN5 1PH and provides GP services under a General Medical Services contract. The surgery has private parking for those with a disability available directly in front of the building. There is step-free access from the street to the waiting area and one of two clinical rooms.

Dr Roshanali Moman at Station Road Surgery is one of a number of GP practices commissioned by Barnet Clinical Commissioning Group (CCG). It has a practice list of 1856 registered patients. The practice is in the fourth least deprived decile out of 10 on the national deprivation scale. The practice has a similar percentage of unemployed patients (6.1%) compared to the local and national averages of 5.4%.

The clinical team includes one male principal GP who provides 10 sessions per week and one female practice nurse. The practice is led by a practice manager and a secretary and receptionists provide non-clinical support. If patients requested to see a female GP, the practice used an agreement with a nearby practice to provide this.

The practice is open during the following hours:

Monday – 9am to 1pm and from 5pm to 7pm

Tuesday – 9am to 1pm and from 5pm to 7pm

Wednesday – 9am to 1pm and from 5pm to 7pm

Thursday – 9am to 1pm

Friday – 9am to 1pm and from 5pm to 7pm

Saturdays – 9.30am to 11am

Appointments are available during the following hours:

Monday – 9.15am to 1pm and from 5pm to 7pm

Tuesday – 9.15am to 1pm and from 5pm to 7pm

Wednesday – 9.15am to 1pm and from 5pm to 7pm

Thursday – 9.15am to 1pm

Friday – 9.15am to 1pm and from 5pm to 7pm

Saturdays – 10am to 11am

The practice has an agreement with a nearby hospital emergency department to provide an urgent walk-in service to relieve pressure on the department at times of high demand. Out of these hours, cover was provided by the NHS 111 service, staff at which had direct-line access to the GP.

We had not previously carried out an inspection at this practice.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. 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 13 January 2017.

During our visit we:

- Spoke with all of the practice staff.
- Observed how patients were cared for.
- Reviewed an anonymised sample of the personal care and treatment records of patients.
- Reviewed clinical audits and the investigations of significant events and complaints.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Spoke with a patient involved with the patient participation group.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

Staff used an established system for reporting and recording significant events and demonstrated confidence in this.

- Staff submitted incident reports to the practice manager and principal GP who maintained oversight of the process. 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 senior team investigated incidents as part of a 'no blame' culture in which staff could be open about mistakes and receive support.
- There were two reported incidents in the 12 months prior to our inspection and there was evidence of learning from the outcomes of both investigations. For example, following an unusual fracture, a new process was introduced to ensure patients who received alendronate therapy on a long-term basis received regular reviews and appropriate breaks from their medicine regime. Alendronate therapy is used to slow bone loss and is used to treat osteoporosis.
- As a result of a delayed referral to social services due to an IT fault, a new process was implemented to ensure staff checked electronic referrals had left the practice system.

We reviewed safety records, incident reports, patient safety alerts and minutes of the monthly team meetings where these were discussed. We saw evidence that action was taken as a result of national patient safety alerts including a search of all patients who received the affected medicine. Where this search identified patients who were affected, the practice contacted them and scheduled an appointment for a review.

Overview of safety systems and processes

The practice had clearly defined and embedded safeguarding systems, processes and practices in place to keep patients safe:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements.

Policies were accessible to all staff and each individual could demonstrate how they accessed them. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. Staff used the electronic patient record to note children who were on the child safeguarding register and those who had been exposed to domestic violence.

- The principal GP was the lead for safeguarding children and adults. Clinical staff attended safeguarding meetings and provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. All staff were trained to adult and child safeguarding level one and an administrator had completed training to level two alongside the national government 'prevent' training that aims to identify people at risk of radicalisation. The GP was trained to child safeguarding level three but as of December 2016 had completed three out of 12 modules needed to be fully up to date. Completion dates were planned for the remaining modules in February 2017. The GP and practice nurse were trained to safeguarding adults level three.
- A GP or the practice nurse contacted each patient who did not attend a booked appointment and who had a documented safeguarding need. This included a same-day referral to safeguarding teams if staff believed the patient to be at risk.
- A notice in the waiting room advised patients that the practice nurse could act as a chaperone. This member of staff had received training to perform this 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 policy outlined the requirement to record in patients' notes if a chaperone had been offered and when a chaperone was used.
- The practice nurse was the clinical infection control lead and the practice manager was the non-clinical lead. There was an up to date infection control protocol in place as well as hand washing and hand hygiene protocols and a safer sharps management policy. We

Are services safe?

saw staff followed the policies in practice. The practice also assessed its procedures against the Hazardous Waste Regulations (2005) and found the practice to be compliant.

- The practice was carpeted throughout, including in clinical areas. Carpets and fabric in clinical areas should be steam cleaned and decontaminated regularly to avoid infection control risk. The practice could provide evidence of steam cleaning at appropriate intervals but did not maintain a formal log of this.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe. This included in obtaining, prescribing, recording, handling, storing and security. Documentation for controlled drugs was in line with national guidance, included restricted access through locked storage and accurate, double-signed documentation. However, there was room for improvement with regards to disposal procedures. For example, we found a stock of expired controlled drugs that were due for destruction in June 2016 but were still on site. We spoke with the practice manager who said a booked pharmacy visit had not taken place and they would ensure this was prioritised.
- Processes were in place for handling repeat prescriptions, which included the review of high risk medicines. The practice carried out regular medicines audits with the support of the local CCG pharmacy teams to ensure prescribing was in line with best practice guidelines. Staff proactively monitored antibiotic prescribing and had achieved an overall prescribing rate of 3% lower than the CCG average.
- Blank prescription forms and pads were securely stored however there was not a system in place to audit and track them for security.
- Staff used a system to ensure patient's prescriptions and records were updated when information was received from other agencies.
- Patient Group Directions (PGD) had been adopted to allow the practice nurse to administer medicines in line with legislation. A PGD is a written instruction for the supply and/or administration of a named licensed medicine for a defined clinical condition. Their use allows a registered health care professional to administer medicines to a group of patients who fit the criteria without them necessarily seeing a prescriber.

- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications and registration with the appropriate professional body.
- The practice had documented appropriate checks through the Disclosure and Barring Service (DBS) for all staff members.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- The practice had an up to date incident management policy and the team had completed a risk assessment toolkit for the practice in 2016. This identified a number of risks that were addressed, such as the removal of a mat that could cause someone to slip and adding socket blockers to power outlets when they were not in use.
- All staff had undertaken fire safety training and the practice manager was the nominated trained fire officer. A weekly fire alarm test was documented and all staff demonstrated an awareness of the evacuation procedure.
- There was a health and safety policy in place and all staff were aware of their responsibilities. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health, infection control and Legionella. Legionella is a term for a particular bacterium which can contaminate water systems in buildings.
- The practice provided health and safety guidance for all staff members that included first aid, waste handling and dealing with violent and aggressive behaviour.

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 consultation and treatment rooms which alerted staff to an emergency and staff had been trained in the use of this.

Are services safe?

- The practice team had completed annual basic life support, anaphylaxis and cardiopulmonary resuscitation training together and emergency medicines were available. Life support training had included practical role plays and scenarios.
- An automatic defibrillator, first aid kit and oxygen with adult and children's masks were available. Staff documented weekly checks on this equipment.
- 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 an up to date business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and external service contractors.

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. National patient safety alerts were received by the practice manager who cascaded them to the relevant team members. There was a centralised system to track alerts and evidence they had been acted on. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- Updates to NICE and other national guidance were included in staff training updates to ensure they were embedded in practice. For example, updated guidance in 2016 for asthma and atrial fibrillation were documented in the practice and the clinical team undertook training in the new approaches.
- The practice monitored that guidelines were followed through risk assessments, audits and random sample checks of patient records.

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 98% of the total number of points available. Overall exception reporting was 3%, which was lower than the CCG average of 5% 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.

Exception reporting was similar to or lower than the CCG and national averages in 19 of the 21 clinical domains. This included the primary prevention of cardiovascular disease clinical domain, in which the practice performed significantly better (more than 10% lower in each) than the CCG and national averages. For example, exception

reporting was 0% compared to the CCG average of 29% and the national average of 31%. Exception reporting for cancer was 33% compared with the CCG average of 16% and the national average of 25%.

This practice was not an outlier for any QOF or other national clinical targets. Data from 1 April 2015 to 31 March 2016 showed:

- Performance for diabetes related indicators was similar to or better than the national average. For example the percentage of patients with diabetes in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less (01/04/2015 to 31/03/2016) was 83% compared to the CCG average of 76% and the national averages of 78%. In addition the percentage of patients in the same period in whom the last measured total cholesterol was 5mmol/l or less was 76% compared with the CCG average of 78% and national average of 80%. Exception reporting for diabetes indicators was lower than local and national averages, with an overall exception rate of 4% compared to 9% in the CCG and 12% nationally.
- Performance for mental health related indicators was variable compared to CCG and national averages. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2015 to 31/03/2016) was 100% compared to the CCG average of 91% and national average of 89%. The practice exception reported 13% compared to the CCG average of 6% and national average of 13%.
- 50% of new cancer cases were referred using the urgent two week wait referral pathway compared to the CCG average of 45% and the national average of 49%. Cancer referrals were checked by three members of staff for accuracy but the practice did not document this at the time of our inspection. This took place on the same day a referral was identified.
- The practice used a local referral management service with a failsafe system for checking referrals and issuing receipts. To date the practice had a track record of no missed or delayed referrals.

The clinical team held regular QOF meetings to review the current practice performance, identify areas for improvement and develop an action plan for continued improvement.

Are services effective?

(for example, treatment is effective)

The practice had completed audits that demonstrated quality assurance in their services:

- There had been two clinical audits undertaken in the 12 months prior to our inspection, neither of which were completed two-cycle audits. However, both audits indicated a high level of patient care. For example, one audit of the management of test results over a four month period in 2016 found all results had been actioned and followed up appropriately. Another audit looked at the medicines management of patients with diabetes and found 100% compliance with best practice guidance.
- Neither of the audits were two-cycle and there were no other audits that demonstrated the practice had identified areas for improvement.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. The programme had been tailored to the various roles within the practice such as administration staff and locum GPs. This covered such topics as safeguarding, infection prevention and control, health and safety and confidentiality.
- The practice team promoted professional and clinical development and demonstrated qualifications and experience as evidence of this. For example, the GP and practice nurse had completed training to support patients with end of life care and the practice nurse was undertaking training to provide post-natal care.
- 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 including asthma and diabetes.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training that 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, discussion at practice meetings and engagement with peers at neighbouring practices.
- Staff had access to ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs.

- All staff had received an appraisal within the last 12 months and the staff we spoke with said they felt appraisals were an effective way to identify their progress and support development needs. There was evidence appraisals were used to track or improve professional development. For example, staff used the appraisal process to self-manage their training needs and apply for local courses that met the needs of their career development plan. An apprentice had received one-to-one supervision that included reflective interviews and participation in training.
- Staff received training that included safeguarding, basic life support, information governance, managing difficult behaviour and conflict resolution. 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, medical records and investigation and test results.
- Clinical staff demonstrated detailed knowledge of patients who received long term care and who had complex conditions. There was also evidence of consistent engagement with multidisciplinary teams for these patients. However, staff did not routinely complete care plans, including for patients who experienced a hospital admission, although there was documented evidence that the GP completed a follow up with each patient after a hospital spell. This meant patients received contact and a review after a hospital admission but there was not always an established plan for future care and treatment.
- Administration cover was available in the practice until 7pm Monday to Friday. This meant all referral letters and test results were scanned into the patient record system the same day they were received.
- The practice manager or GP contacted each patient who attended a hospital emergency department inappropriately to offer them advice and guidance on accessing health services to meet their needs.
- The practice shared relevant information with other services in a timely way such as when referring patients to other services. For example, the GP attended

Are services effective?

(for example, treatment is effective)

integrated care meetings with the community health team to review care planning for patients with complex needs. This helped to reduce unnecessary patient attendances at hospital emergency departments because patients had the knowledge to manage their conditions and were able to contact the practice or community teams for help.

Staff worked 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.

Staff worked with a community treatment team as part of a care pathway for older patients who had experienced a hospital admission. This team provided follow-up care to reduce the risk of a readmission.

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 including the Gillick competencies and Fraser guidelines.
- 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.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and offered individualised services:

- 78% of patients over 65 years of age agreed to a influenza vaccination in 2015/16.
- 96% of patients with a long-term condition had an agreed care plan in 2015/16, which was a 10% increase from the previous year.
- The electronic patient records system alerted staff when a patient with a long-term condition was due an annual review. This enabled staff to proactively identify patients and contact them as well as opportunistically provide a review when patients were seen for other needs.

- Patients were signposted to relevant services to meet their needs, such as to a smoking cessation advisor. Staff also provided signposting and referral for those at risk of developing a long-term condition and those requiring advice on their diet, drugs and alcohol cessation, patients over 75 years of age.
- The practice flagged the computer records of patients who required additional support when attending the practice. This alerted staff to the specific individual needs of these patients when they presented at the reception counter.
- Staff provided sexual health advice to young people, including for family planning and contraception. Specialist sexual health services were provided locally and staff proactively signposted young people to them.
- A patient we spoke with said their health had been improved as a result of the practice's proactive approach to health promotion. For example, a GP had proactively encouraged the patient to undertake a healthcheck, which highlighted a previously undiagnosed critical health condition. The patient was able to get immediate treatment as a result.

The practice's uptake for the cervical screening programme was 79%, which was comparable to the CCG average of 78% and the national average of 81%. There were failsafe 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 encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The practice uptake for bowel cancer screening in the last 30 months was 56% compared to the CCG average of 49% and national average of 58%. The practice uptake for breast cancer screening for patients aged 50-70 in the last 36 months was 73% compared to the CCG average of 68% and national average of 72%. The practice tracked the uptake of mammographies and had achieved 88% in the previous five years.

Childhood immunisation rates for the vaccinations given were variable compared to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 54% to 94% in comparison to the national expected coverage of 90%. Average MMR immunisation rates for both doses was at 70% compared to the CCG average of 78% and the

Are services effective?

(for example, treatment is effective)

national average of 91%. The practice met the 90% target in three of the four NHS England sub-indicators for children under the age of two and scored 8.4 out of 10 in this measure.

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.



Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

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

- 98% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) and national averages of 89%.
- 99% of patients said the last GP they saw was good at giving them enough time compared to the CCG average of 84% and the national average of 87%.
- 99% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 91% and the national average of 92%.
- 98% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and the national average of 85%.
- 99% of patients said the last nurse they spoke to was good at giving them enough time compared to the CCG average of 88% and the national average of 92%.
- 100% of patients said they found the receptionists at the practice helpful compared to the CCG average of 84% and the national average of 87%.
- In June 2016 the practice was rated third in the country by NHS England for positive patient survey results.

We spoke with one patient and the former lead of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. They highlighted proactive communication and engagement from the principal GP as notably positive elements of their

relationship and said they always received feedback from suggestions they made. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required, including at home and by phone.

The practice conducted a monthly survey to supplement the national GP survey. Between April 2016 and December 2016 an average of 96% of respondents said they would recommend the practice and themes from the feedback included the friendliness of staff, the quality and consistency of long-term service and the time staff gave to patients.

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection. We received 32 comment cards, all of which were positive about the standard of care received. The overall themes were that staff were friendly, compassionate and took the time to listen. Patients commented they felt care was personalised and 19 patients noted they had been registered with the practice for several years and appreciated the continuity of care. Ten patients commented they could always get an appointment when they needed one and 75% of comment cards made a reference to the practice team and their welcoming and positive attitude.

Care planning and involvement in decisions about care and treatment

Patient feedback from the comment cards we received indicated people felt involved in decision making about their care. One patient we spoke with on the day of our inspection told us they had remained with the practice for over 20 years because of how involved staff helped them to be in the treatment of multiple long-term conditions.

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

- 97% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 80% and the national average of 86%.
- 92% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 80% and national average of 82%.



Are services caring?

- 99% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 80% and the national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care, such as information leaflets and guidance on the practice website. Printed information was available in easy read format on request.

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.

The practice's computer system alerted staff if a patient was also a carer. The practice had identified 24 of its patient list as a carer, which represented 1.2% of all patients. Staff signposted carers to local community organisations through a carer's hub. The practice offered care and treatment to carers as temporary patients on

request. Carers were offered a seasonal flu vaccination and annual health checks. The practice also signposted carers to specialist and community support organisations depending on their individual needs. We spoke with a carer who told us the practice was responsive to their needs, including working around their home responsibilities to offer flexible appointments.

The GP and practice nurse visited patients and their families at home to ensure palliative care needs were met. In addition relatives were offered open-access to the surgery at any time as well as the contact number for the GP who offered support 24 hours. Where families suffered a bereavement, the GP or practice nurse contacted them and sent them a sympathy card. This call was either followed by a consultation at a flexible time to meet the family's needs and/or by giving them advice on how to find a support service. The practice had received written praise from relatives who wanted to express their gratitude for the kindness they received during palliative care for a family member.

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 clinical commissioning group (CCG) to secure improvements to services. For example, to meet the extra demand on services caused by a lack of local district nurses, the practice provided additional palliative care services.
- The practice identified four patients with a learning disability. Each patient received an annual health check and were able to access appointments whenever they needed.
- The practice identified three patients in the previous six months who needed support with English language during appointments. However, the practice did not have access to bookable independent interpreters or a telephone equivalent.
- The practice was proactive in increasing services and staff training to fulfil the needs not readily accessible locally. For example, to address the unavailability of a health visitor, the practice nurse was undertaking child health training. In addition, the practice provided dedicated palliative care services to address difficulty in accessing this due to local district nursing shortages.
- Same day appointments were available for children, vulnerable patients and those patients with medical problems that required same day consultation.
- The practice offered a pre-travel health risk assessment service and offered a range of travel vaccinations, including for yellow fever.
- The practice ran dedicated clinics for a number of conditions, including diabetes, asthma, family planning and anticoagulation. A phlebotomy service was also available in-house to reduce the need for patients to attend hospital.
- The practice invited all over 75 year olds to attend an annual health check, which included a medication review and offer of a home flu vaccination.
- Printed information was provided in the waiting area that was tailored to the specific needs of the location population.

Access to the service

Pre-bookable appointments were available in advance in addition to daily urgent appointments. The practice had an agreement with a nearby hospital emergency department

to provide an urgent walk-in service to relieve pressure on the department at times of high demand. This meant if patients attended the hospital with a non life-threatening condition staff would liaise with the GP practice and arrange for them to attend there. This was a local arrangement between the hospital and the practice.

The practice operated opening times based on long-term demand tracking of services. This meant the surgery closed from 1pm to 4pm Monday to Friday, during which time patients were directed to the NHS 111 service as a result of previous low demand during this time. Evening appointments were implemented instead four days per week, which is when the practice saw the highest level of demand. The 111 service was aware of the practice arrangements and had direct line access to the GP in the event of an urgent call. In addition, the GP offered telephone consultations daily between 12.35pm and 12.55pm and the practice nurses offered telephone consultations between 12.45pm and 12.55pm. Patients could book appointments online and the practice reserved slots daily from 12pm for this method of booking. A GP co-operative service provided appointments to this surgery's patients on a Sunday.

The practice provided appointments until 7pm four days per week and every Saturday morning. Outside of these hours, cover was provided by the local GP federation service or by referral to the NHS 111 service. Staff demonstrated a pragmatic approach to lateness and missed appointments. For example, patients were able to wait for a gap in appointments so they could still be seen if they arrived late. If a patient did not attend for a booked appointment the practice called them to reschedule.

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

- 94% of patients were satisfied with the practice's opening hours compared to the CCG average of 72% national average of 76%.
- 100% of patients said they could get through easily to the practice by phone compared to the CCG average of 66% and national average of 73%.

Are services responsive to people's needs?

(for example, to feedback?)

The practice had a system in place to assess whether a home visit was clinically necessary. This included being triaged by telephone and an agreement on the urgency of the home visit.

The practice had developed online services to include booking appointments, ordering repeat prescriptions and accessing medical records.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager was the designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system including in the new patient leaflet and in the waiting room. Information

advised patients of alternative organisations to raise concerns if they were unhappy with the outcome of the complaint. These included the Parliamentary and Health Service Ombudsman and Healthwatch.

The last formal complaint received by the practice was in 2014 and staff demonstrated a proactive approach to resolving the concerns of a patient with complex mental health needs. This involved liaising with a local authority out of the local area and supporting the patient to access supported housing there. We saw the practice encouraged patients to provide feedback at the time of their visits and we were assured that no formal complaints had been received since 2014.

Staff responded to negative comments made in patient surveys as well as informal verbal complaints and used this feedback to improve practice. For example, a patient noted they had been dissatisfied when they had attended for a blood test but the practice had no blood vials in stock. In response the practice introduced a new stock control system to ensure this situation could not be repeated.

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 and staff knew and understood the values and demonstrated these when providing care and services.

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. The practice was actively upskilling staff to ensure there was adequate cover in each role within the practice.
- The practice used a series of meetings to monitor clinical governance and quality assurance. The meetings involved all staff at a level appropriate to their role and responsibilities. This included a monthly practice meeting.
- Practice specific policies were implemented and were available to all staff. The practice team consisted of five individuals who worked together daily. This meant communication with regards to new policies and other information relevant to practice was discussed regularly. A policy was in place that lone working did not take place and for safety there was always two members of staff in the building.
- A comprehensive understanding of the performance of the practice was maintained. The practice had achieved a high score for QOF points and the exception reporting level was lower than the CCG and national averages.
- The low number of audits and short cycles meant there was not a demonstrable programme of continuous clinical and internal review and reflection.
- There were effective arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection staff demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They demonstrated how they prioritised safe, high quality and compassionate care.

The provider was aware of and had systems in place 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, including when this involved a young person. The team encouraged a culture of openness and honesty. The practice had systems in place 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.
- There was a clear leadership structure in place and staff felt supported by the senior team.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues whenever they wanted and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported. All staff were involved in discussions about how to run and develop the practice and the partners encouraged staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had previously facilitated a formal patient participation group (PPG), which had disbanded and the practice was in the process of starting a new group. We spoke with the former lead of the group who told us the small and intimate nature of the practice meant a formal organised group was unnecessary because everyone had ready access to the team whenever they wanted it. The practice was in the process of initiating a virtual group to enable patients who rarely attended

Are services well-led?

Good 

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

contribute to development and new initiatives. Posters in the practice advertised this and a patient was working with the practice manager to promote it and identify how it could contribute to the practice.

- The practice improved services as a result of feedback from patients. For example, following an instance where a patient with reduced mobility could not access the practice because of unauthorised parking in front of the building, the practice implemented restrictions that only patients with a registered disability sticker could use the parking spaces.
- The practice gathered feedback from patients through a practice survey on an annual basis and reviewed comments from patients on public websites.
- 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.