

# Cockfosters Medical Centre

## Quality Report

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

## Ratings

### Overall rating for this service

Good



Are services safe?

Good



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Cockfosters Medical Centre on 23 August 2016. Overall the practice is rated as good.

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

- The practice should improve the system for monitoring results of screening samples taken, we saw evidence that the practice failed to investigate high rates of inadequate cervical smear samples and take action.
- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with 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.

# Summary of findings

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

The areas where the provider must make improvements are:

- Ensure the system for monitoring results of screening samples includes appropriate action such as training for sample takers.

The areas where the provider should make improvements are:

- Review how patients with caring responsibilities are identified and recorded on the patient record system to ensure information, advice and support is made available to them.
- Review audit systems in relation to prescription pads.
- Take action to improve patient satisfaction of the service.

**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



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

### Are services effective?

The practice is rated as requires improvement for providing effective services, as there are areas where improvements should be made.

Requires improvement



- The system for monitoring the results of screening samples needs to include investigation, learning and outcomes when there is a high percentage of samples being identified as unsuitable for analysis by the laboratory. The practice were unable to provide evidence of recent formal training for cervical smear sample taker.
- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were in line with local averages. For example, The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months was 84% compared to the CCG average and national average of 90%.
- Clinical audits demonstrated quality improvement.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.

### Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients satisfaction was in line with local and national averages.

# Summary of findings

- 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 easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Patients 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 easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- Extended hours appointments are available for patients unable to access the practice during working and school hours.

## Are services well-led?

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

Good



- 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 a number of policies and procedures to govern activity and held regular governance meetings. For example, regular partner meetings, staff meetings and clinical meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- All staff had received inductions and received regular performance reviews.

# 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 enhanced needs.
- The practice offered admission avoidance appointments to patients identified as being at risk.

### People with long term conditions

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

Good



- The practice nurse had a lead role in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 73% compared to the CCG average of 86% and the national average of 88%. On the day of our inspection we saw evidence that the practice was recalling these patients and their current figure had improved to 77%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

### Families, children and young people

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

Good



- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were in line with local averages for all standard childhood immunisations.

# Summary of findings

- The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the three Royal College of Physicians questions was 83% compared to the CCG average of 76% and the national average of 75%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- Same day appointments always made available for children and young people.

## **Working age people (including those recently retired and students)**

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice offered telephone consultations.
- Extended hours appointments were available, same day appointments were made available at the end of surgery if required.
- NHS health checks offered for patients aged 40 to 74.

**Good**



## **People whose circumstances may make them vulnerable**

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- 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.

**Good**



# Summary of findings

- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

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

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

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Good





# Summary of findings

## What people who use the service say

The national GP patient survey results were published on January 2016. The results showed the practice was performing slightly below the CCG average for most areas. A total of 274 survey forms were distributed and 110 were returned. This represented 1.8% of the practice's patient list.

- 70% of patients found it easy to get through to this practice by phone compared to the CCG average of 67% and the national average of 73%.
- 66% 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 69% and the national average of 76%. This was comparable to other practices in the area.
- 75% of patients described the overall experience of this GP practice as good compared to the CCG average of 81% and the national average of 85%.

- 68% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 73% national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 40 comment cards which were all positive about the standard of care received, and the availability of appointments.

We spoke with 12 patients during the inspection. All 12 patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. The patients we spoke to on the day of inspection all mentioned that the care received from clinicians at the practice was of a high standard. The comment cards reflected a high level of patient satisfaction about the care received from clinicians at the practice.

## Areas for improvement

### Action the service **MUST** take to improve

- Ensure the system for monitoring results of screening samples includes appropriate action such as training for sample takers.

### Action the service **SHOULD** take to improve

- Review how patients with caring responsibilities are identified and recorded on the patient record system to ensure information, advice and support is made available to them.

- Review audit systems in relation to prescription pads.
- Take action to improve patient satisfaction of the service.

# Cockfosters Medical Centre

## 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 and an expert by experience.

## Background to Cockfosters Medical Centre

The Cockfosters Medical Centre practice is located in Barnet, North London within the NHS Enfield Clinical Commissioning Group. The practice holds a General Medical Services contract (an agreement between NHS England and general practices for delivering primary care services to local communities). The practice provides a full range of enhanced services including childhood vaccination and immunisation, extended hours access, facilitating timely diagnosis and support for people with dementia, improving patient inline access, influenza and pneumococcal, minor surgery, risk profiling and case management, rotavirus and shingles Immunisation and unplanned admissions.

The practice is registered with the Care Quality Commission to carry on the regulated activities of surgical procedures, treatment of disease, disorder or injury, and maternity and midwifery services, diagnostic and screening procedures.

The practice had a patient list size of 6,245 at the time of our inspection.

The staff team at the practice included four GP partners (two females and two males), one practice nurses (female) and one practice manager. The practice had 11 administrative staff. There were 24 GP sessions and eight nurse sessions available per week.

The practices opening hours are:

- Monday to Friday from 8.00am to 6.30pm

Appointments with GPs are available at the following times:

- Monday to Friday from 8.20am to 11.30am and 2.30pm to 6.00pm

Extended hour appointments are available:

Monday, Tuesday and Thursday from 7.30am to 8.00am and 6.30pm to 7.00pm

Outside of these times patients are diverted to NHS 111 which directs them to the practices out of hours provider if required.

To assist patients in accessing the service there is an online booking system, and a text message reminder service for scheduled appointments. Urgent appointments are available daily and GPs also complete telephone consultations for patients.

## Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme. This practice was previously inspected in October 2013 and found to be compliant with all standards applicable at the time.

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 and asked other organisations to share what they knew. We carried out an announced visit on 23 August 2016. During our visit we:

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

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

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

There was an effective system in place for reporting and recording significant events. Staff demonstrated a clear understanding of the system. We saw evidence that the practice was adhering to their system.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, we reviewed a significant event regarding the delay of a referral. We saw evidence investigated the incident and identified the error; as a result the process for patient referrals was updated. The new process meant that GPs directly handed referrals to the administration team for processing rather than putting a referral in an 'out tray' for collection.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had

concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. All of the GPs and the practice nurse were trained to child safeguarding level 3. Administration staff were trained to child safeguarding level 1.

- Patients were informed that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result and acted upon accordingly. For example, the most recent infection control audit for 2016 identified areas where improvements were required such as taps, flooring, curtains and wall coverings being replaced in consulting rooms to conform with infection control guidelines. We saw evidence that funding for these improvements had been granted and the improvements will be completed by December 2016.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). 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 for safe prescribing. Blank prescription forms and pads were securely stored

## Are services safe?

however there were no systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurse to administer medicines in line with legislation. (PGDs are written instructions from a qualified and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient after the prescriber had assessed the patient on an individual basis).

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

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. We found evidence that electrical equipment was checked to ensure the equipment was safe to use. We saw evidence that clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

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

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises. Oxygen with adult and children's masks were kept at the practice. 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. There was a formal mechanism in place for the reordering and recording of emergency medicines.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. During our inspection we saw evidence that the business continuity plan was fit for purpose when we reviewed a significant event related to a power failure at the practice. Staff at the practice relied on the business continuity plan and there was minimal disruption to the service as a result.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these 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 91.8% of the total number of points available (exception reporting rate 6.2%). (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators was in with the national average. For example, the percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months was 77% (exception reporting rate of 4.79%) compared to the CCG average of 74% and the national average of 78%.
- Performance for mental health related indicators was above the national average. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a

comprehensive, agreed care plan documented in the record, in the preceding 12 months was 92% (3.12% exception reporting) compared to the CCG and national average of 88%.

- Performance for hypertension related indicators was in line with the national average. For example, the percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less was 84% (exception reporting rate of 4.85%) compared to the CCG average of 81% and national average of 84%.
- Performance for dementia related indicators was in line with the national average. For example, the percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months was 83% (6.67% exception reporting) compared to the CCG and national average of 84%.

There was evidence of quality improvement including clinical audit.

- The practice participated in local audits, national benchmarking, accreditation and peer review.
- Findings were used by the practice to improve services. For example, we reviewed an audit on Atrial Fibrillation (AF). AF is an irregular and often very fast heart beat that requires medical treatment. The practice reviewed all 83 patients with a diagnosis of AF registered at the practice using the most recent NICE guidance for stroke prevention. As a result 18 patients were identified as not being treated with anticoagulation (anticoagulation is an agent used to prevent the formation of blood clots). Upon investigation it was determined that the majority of these patients had clinically acceptable reasons for not being treated with anticoagulation. However, several of the patients had not attended appointments for the anticoagulation clinic; these patients were recalled and assessed. The process for following up patients that do not attend anticoagulation clinics was amended to ensure that the responsible GP made contact with the patient to reschedule. A re-audit was conducted six months later and identified that the number of patients with AF now registered at the practice was 93. The audit identified that all patients were correctly coded on the clinical system, were being treated for AF according to NICE guidance and that non-attenders were being followed up by GPs and recorded on the system.



# Are services effective?

## (for example, treatment is effective)

### 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. 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.
- Staff administering vaccines had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings. However, the practice were unable to provide evidence that a member of staff taking samples for the cervical screening programme had been recently trained, the practice did provide evidence that the sample taker had been assessed for competency in cervical screening sample taking by one of the GP partners and passed in November 2015. We found that the practice had a system for monitoring results of screening samples taken. However for the period of January 2016 to March 2016 we found that they did not take appropriate action to investigate the reason for a high percentage of samples being identified as unsuitable for analysis by the laboratory. This meant that patients would have to be recalled for a second screening, we saw evidence that this was done. We asked the partners at the practice to investigate the reason behind the unsuitable samples and provide us with evidence of formal training for the sample taker.
- The learning needs of staff were identified through a system of meetings and reviews of practice development needs and staff appraisals. 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, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. We saw evidence that all staff had been formally appraised 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.
- 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. 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. For example, we saw evidence of GPs at the practice working with social services and community matrons to better coordinate care for vulnerable patients.

### 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 patient records audits.

### Supporting patients to live healthier lives

# Are services effective?

(for example, treatment is effective)

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and patients were signposted to the relevant service.

The practice's uptake for the cervical screening programme was 82% compared with the CCG average of 81% and national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. 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 also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccines given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccines given to under two year olds ranged from 4% to 86% (CCG average 10% to 80%) and five year olds from 63% to 74% (CCG average 66% to 86%).

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 very helpful to patients and treated them with dignity and respect.

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

All of the 40 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 one member of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards 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 results were below the national average for its satisfaction scores on consultations with GPs and nurses. For example:

- 81% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 85% and the national average of 89%.
- 70% of patients said the GP gave them enough time compared to the CCG average of 82% and the national average of 87%.
- 90% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and the national average of 95%.

- 69% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 81% and the national average of 85%.
- 76% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 85% and the national average of 91%.
- 86% of patients said they found the receptionists at the practice helpful in line with the CCG average of 85% and the national average of 87%.

On the day of inspection we saw evidence that the practice were proactive in seeking patient feedback. The most recent survey results from July 2016 showed that patients at the practice felt GPs and all the staff provide a caring service. This was in line with the comment cards we received and the patients we spoke with on the day of inspection.

### 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.

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. However results were below with the local and national averages. For example:

- 68% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 82% and the national average of 86%.
- 70% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 76% and the national average of 82%.
- 75% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 85% and the national average of 91%.

## Are services caring?

As the satisfaction scores were below the local and national averages for the above questions related to clinical care, we focused our questions on this area when we spoke to patients on the day. We were told that patients had confidence in the GPs and the nurse, felt listened too and felt they had choices in their care or treatment. The most recent Friends and Family Test scores showed improvement in overall patient satisfaction and the likelihood of patients recommending this practice with 80% in June 2016, 94% in July 2016 and 100% in August 2016 (the Friends and Family Test is a national patient feedback mechanism carried out by NHS England).

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

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.
- Some consultation rooms are on the first floor of the practice. Staff at the practicebooked patients with

mobility issues into consultation rooms on the ground floor. Patients told us their preferred GP would move to a consultation room on the ground floor just for their appointment if requested.

### **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.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 48 patients as carers (less than 1% of the practice list). Written information was available to direct carers to the various avenues of support available to them.

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

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

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

- The practice offered a 'Commuter's Clinic' on Monday, Tuesday and Thursday from 7.30am to 8.00am and 6.30pm to 7.00pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation. Staff told us that patients were very rarely turned away when walking into the practice requesting to see a nurse or GP without an appointment.
- Patients were able to receive travel vaccines available on the NHS and were referred to other clinics for vaccines available privately.
- Translation services available as well as several members of staff that were bi-lingual.
- Disabled access was available however there were no facilities on the premises. We saw evidence that funding had been granted to make improvements to the practice including facilities for patients who were less mobile.

### Access to the service

The practice was open Monday to Friday from 8.00am to 6.30pm. Extended hours appointments were offered Monday, Tuesday and Thursday from 7.30am to 8.00am and 6.30pm to 7.00pm. In addition to pre-bookable appointments that could be booked up to eight weeks in advance, urgent appointments were also available for people that needed them.

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

- 66% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and the national average of 78%.
- 70% of patients said they could get through easily to the practice by phone compared to the CCG average of 67% and the national average of 73%.

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

The practice had a system in place to assess:

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

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

### Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns. 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 in the form of leaflets in reception.

We looked at a total of 11 complaints received in the last 12 months (three were verbal and eight were written) and found lessons were learnt from individual concerns and complaints and also from analysis of trends and action were taken to as a result to improve the quality of care. For example, we reviewed a complaint regarding a member of staff. We saw evidence that the practice investigated and responded to the complaint in line with practice policy. We saw evidence that learning was shared with members of staff at the practice meetings.

# 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.
- The practice had a strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- The vision was shared with staff and there was a strong ethos of teamwork across the practice at all levels to achieve it.

### Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- There were arrangements in place to ensure all staff had regular appraisal plans.
- There were arrangements to review clinical audits and ensure a programme of continuous clinical and internal audit was used to monitor quality and to make improvements.

### Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff. We observed staff working well together and supporting one another. Staff told us they enjoyed the working environment and felt supported in their roles.

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. The partners 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.
- The practice kept written records of verbal interactions as well as written correspondence.

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

- Staff told us the practice held regular team meetings. These included both clinical and non-clinical staff. Staff told us it was an opportunity to share information and drive improvement in the quality of care patients receive at the practice. Staff told us that where external meetings had taken place such as multidisciplinary discussions information that was useful was shared via email in order to keep all staff involved in decisions that had been made or changes within the local CCG.
- 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.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.
- Staff told us the partners hold two social events per year as a team building experience and to treat the staff for their hard work.

### 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, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG requested that patients were made aware of the GPs partners

working each day. As a result a noticeboard was put in the waiting area to indicate the on call GP and GPs running clinics each day. The practice leaflet was also updated to include the GP partners regular clinic days and times.

- The practice had gathered feedback from staff through staff meetings, appraisals and informal 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.

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>How the regulation was not being met:</b></p> <p>The provider did not do all that was reasonably practicable to assess, monitor and improve the quality and safety of the services provided by (including the quality of the experience of service users in receiving those services):</p> <ul style="list-style-type: none"><li>• Failing to take appropriate action to investigate the reason for a high percentage of screening samples being identified as unsuitable for analysis by the laboratory.</li></ul> <p>This was in breach of regulation 17 (1) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>