

Dr Htun Nay Lin, Mattock Lane Health 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	
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Are services safe?	Good	
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Are services effective?	Good	
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Are services caring?	Good	
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Are services responsive to people's needs?	Good	
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Are services well-led?	Good	
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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 Htun Nay Lin, Mattock Lane Health Centre on 5 July 2017. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.
- The practice had clearly defined and embedded systems to minimise risks to patient safety; however they did not include all areas for example not recording checks on oxygen.
- Staff were aware of current evidence based guidance.
- Some of the staff had not undertaken essential training relevant to their role; however most staff had completed these training the day following the inspection and the practice sent us evidence to support this.
- Results from the national GP patient survey showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.

- The practice had only identified a low number of patients as carers.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients we spoke with said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- 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 practice met with the Patient Participation Group only once a year.
- The provider was aware of the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.

The areas where the provider should make improvement are:

Summary of findings

- Review practice procedures to ensure medical oxygen is regularly checked and recorded and ensure confidentiality agreements are in place for all clinical staff.
- Review practice procedures to ensure systems are in place to identify when staff training needed to be updated.
- Review how patients with caring responsibilities are identified to ensure information, advice and support can be made available to them.
- Consider frequent Patient Participation Group (PPG) Meetings and review practice procedures to ensure PPG is patient led.

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



- From the sample of documented examples we reviewed, we found there was an effective system for reporting and recording significant events; lessons were shared to make sure action was taken to improve safety in the practice. When things went wrong patients were informed as soon as practicable, received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices to minimise risks to patient safety; however they did not include all areas for example not recording checks on oxygen.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had adequate arrangements to respond to emergencies and major incidents.
- The practice did not have signed confidentiality agreements for clinical staff.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average compared to the national average.
- Staff were aware of current evidence based guidance.
- Two out of 13 staff had not undertaken safeguarding children training; five out of 13 staff had not undertaken fire safety training; three out of 13 staff had not undertaken information governance training; two out of five clinical staff had not undertaken Mental Capacity Act training. However the day following the inspection the practice sent us evidence of completion of training for these staff.
- Five out of 13 staff had not undertaken infection control training; the day following the inspection the practice sent us evidence of completion of training for three members of staff.
- Clinical audits demonstrated quality improvement.
- Staff had the skills and knowledge to deliver effective care and treatment.

Summary of findings

- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- End of life care was coordinated with other services involved.

Are services caring?

Good



- The practice is rated as good for providing caring services.
- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Survey information we reviewed showed that patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice had only identified 13 patients as carers (approximately 0.5% of the practice list).

Are services responsive to people's needs?

Good



The practice is rated as good for providing responsive services.

- The practice understood its population profile and had used this understanding to meet the needs of its population.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- Patients we spoke with said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and evidence from the examples reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Good



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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.

Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice had policies and procedures to govern activity and held regular governance meetings.
- An overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- Staff had received inductions, annual performance reviews and attended staff meetings and had training opportunities.
- The provider was aware of the requirements of the duty of candour. In the examples we reviewed we saw evidence the practice complied with these requirements.
- The lead GP encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged with the Patient Participation Group (PPG); however the practice only had PPG meetings once a year.

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



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

People with long term conditions

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

Good



- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.
- The practice performed multiple reviews in one appointment which they said improved patient compliance in attending appointments.
- The national Quality and Outcomes Framework (QOF) data showed that 81% of patients had well-controlled diabetes, indicated by specific blood test results, compared to the Clinical Commissioning Group (CCG) average of 77% and the national average of 78%. 94% of patients with diabetes had received a foot examination in the preceding 12 months compared to the CCG average of 92% and national average of 89%.

Summary of findings

- The national QOF data showed that 88% of patients with asthma on the register had an annual review, compared to the CCG average of 78% and the national average of 76%.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- All these patients had a named GP and there was a system to recall patients for a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice patients had access to electrocardiography, spirometry and phlebotomy which helped them to monitor patients with long-term conditions.

Families, children and young people

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

Good



- From the sample of documented examples we reviewed we found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us, on the day of inspection, that children and young people were treated in an age-appropriate way and were recognised as individuals.
- The practice's uptake for the cervical screening programme was 82%, which was in line with the Clinical Commissioning Group (CCG) average of 79% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked with midwives, health visitors and school nurses to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics.
- The practice patients had access to family planning clinics in the health centre where the practice is located.

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).

Good



Summary of findings

- The needs of these populations had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care, for example, extended opening hours on Mondays and Tuesdays.
- 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.

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, travellers and those with a learning disability.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice offered longer appointments for patients with a learning disability. We saw that all the 11 patients with a learning disability had received a health check in the last year.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

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



- The practice carried out advance care planning for patients living with dementia.
- All the patients with dementia had received an annual review which was above the Clinical Commissioning Group (CCG) average of 73% and national average of 84%.

Summary of findings

- 93% of 38 patients with severe mental health conditions had a comprehensive agreed care plan in the last 12 months which was above the CCG average of 90% and national average of 89%
- The practice offered out of hospital mental health shared care and provided care for patients discharged from secondary care to the community.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- Patients at risk of dementia were identified and offered an assessment.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published on 7 July 2016. The results showed the practice was performing in line with local and national averages. 298 survey forms were distributed and 113 were returned. This represented approximately 4% of the practice's patient list.

- 92% found it easy to get through to this surgery by phone (Clinical Commissioning Group (CCG) average of 69%, national average of 73%).
- 89% were able to get an appointment to see or speak to someone the last time they tried (CCG average 79%, national average 85%).
- 80% described the overall experience of their GP surgery as fairly good or very good (CCG average 78%, national average 85%).
- 71% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 70%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 38 comment cards which were all positive about the standard of care received. All the patients felt that they were treated with dignity and respect and were satisfied with their care and treatment.

We spoke with 10 patients during the inspection including two members of the patient participation group. All the patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

The friends and family test data provided by the practice showed that all the 193 patients who had responded over the last year were either extremely likely or likely to recommend this practice.

Dr Htun Nay Lin, Mattock Lane Health 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 Dr Htun Nay Lin, Mattock Lane Health Centre

Dr Htun Nay Lin, Mattock Lane Health Centre provides primary medical services in Ealing to approximately 2800 patients and is one of 76 practices in Ealing Clinical Commissioning Group (CCG). The practice population is in the fifth less deprived decile in England.

The practice population has a lower than CCG and national average representation of income deprived older people and in line with the CCG and higher than national average representation of income deprived children. The practice population of children is below the CCG and in line with the national average and the practice population of working age people is higher than the CCG and national averages. The practice population of older people is above the CCG and below the national average. Of patients registered with the practice for whom ethnicity data was recorded 27% are British or mixed British, 23% are other White and 14% are other Asian background.

The practice operated in a health centre and shared the premises with another GP practice and community services. All patient facilities are wheelchair accessible. The practice has access to two GP consultation rooms and one treatment room.

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

The clinical team at the surgery is made up of a lead male GP and two long term male locum GPs, one female practice nurse and one female healthcare assistant. The practice nurse was on maternity leave and the practice had employed a regular locum nurse to cover. The non-clinical practice team consists of practice manager, assistant practice manager and six administrative and reception staff members. The practice provides a total of nine GP clinical sessions per week.

The practice reception and telephone lines are open from 8am to 6:30pm Monday to Friday. Appointments are available from 9am to 12:30pm Monday to Friday and from 4pm to 6:30pm Monday to Friday except Wednesdays. The practice is closed on Wednesday afternoons; however the lead GP is available for emergencies and patients are seen if needed. Extended hours surgeries are offered on Mondays and Tuesdays from 6:30pm to 7pm.

The practice has opted out of providing out-of-hours (OOH) services to their own patients between 6:30pm and 8:00am and directs patients to the out-of-hours provider for Ealing CCG.

Detailed findings

The practice is registered as an individual with the Care Quality Commission to provide the regulated activities of diagnostic and screening procedures, treatment of disease, disorder or injury and surgical procedures.

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.

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 5 July 2017.

During our visit we:

- Spoke with a range of staff including the lead GP, locum GP, healthcare assistant, practice manager and a member of reception and administrative staff and spoke with 10 patients who used the service including two members of the Patient Participation Group.
- We spoke to the locum practice nurse over phone as they were not available to speak in person.

- Observed how patients were being cared for in the reception area and talked with carers and/or family members.
- Reviewed a sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Looked at information the practice used to deliver care and treatment plans.

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

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

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

- older people
- people with long-term conditions
- families, children and young people
- working age people (including those recently retired and students)
- people whose circumstances may make them vulnerable
- people experiencing poor mental health (including people living with dementia).

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

Are services safe?

Our findings

Safe track record and learning

There was a system for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- From the sample of documented examples we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed.
- The practice did not have a clear system to monitor the implementation of medicines and safety alerts; however we saw evidence of implementation of recent alerts. The day following the inspection the practice sent us evidence of a system in place to monitor the implementation of alerts and sent us a log and action taken for alerts received since 2016.
- The practice carried out a thorough analysis of the significant events. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, the practice ordered emergency medicines from a local pharmacy and did not receive it. When the practice contacted the pharmacy they informed that they had already delivered the medicines to one of the reception staff. The practice could not locate the medicines and re-ordered it. Following this incident the practice introduced a system to record deliveries made to the practice.

Overview of safety systems and processes

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

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff. 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. From the sample of documented examples we reviewed we found that the GPs attended safeguarding meetings when possible or provided reports where necessary for other agencies.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to Child Protection level 3, nurses were trained to Child Protection level 2 and non-clinical staff were trained to Child Protection level 1. Two out of eight non-clinical staff had not undertaken recent child protection training; however the day following the inspection the practice sent us evidence of completion of this training for these staff.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice did not have signed confidentiality agreements for clinical staff.

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place.
- The lead GP was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol. Four out of five clinical staff and one out of eight non-clinical staff had not undertaken infection control training. The day following the inspection the practice sent us evidence of training for two clinical staff and one non-clinical staff. The practice informed us that the infection control training

Are services safe?

for the remaining two clinical staff will be completed by the end of July 2017. Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- There were processes for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred. The practice only performed monthly checks on uncollected repeat prescriptions; however the day following the inspection the practice sent us their updated uncollected repeat prescription policy indicating that these checks would be performed weekly to ensure prescriptions were collected.
- The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems to monitor their use. Patient Group Directions (PGD) had been adopted by the practice to allow nurses to administer medicines in line with legislation. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment.) Health care assistants were trained to administer vaccines and medicines and patient specific prescriptions or directions (PSD) from a prescriber were produced appropriately. (PSDs 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 has assessed the patient on an individual basis).
- The practice did not have a second failsafe thermometer in the refrigerator that was used to store medicines. The day following the inspection the practice sent us evidence they had purchased a second thermometer.

We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence

of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

Monitoring risks to patients

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

- There was a health and safety policy available.
- The fire risk assessment was performed and monitored centrally for the health centre and they carried out regular fire drills centrally. There were designated fire marshals for the health centre. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises. Four out of five clinical staff and one out of eight non-clinical staff had not undertaken fire safety training; however the day following the practice sent us evidence of completion of this training for these staff.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control and Legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- The practice had not undertaken a health and safety risk assessment of the premises. The practice said this was because they operated in a health centre where the health and safety risk assessments were centrally undertaken and monitored; however we did not see any evidence to support this. The day following the inspection the practice sent us a copy of a detailed health and safety risk assessment of their premises.
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients.

Arrangements to deal with emergencies and major incidents

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

Are services safe?

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available. The practice did not record the checks on the oxygen; however the oxygen was full on the day of inspection. The practice informed us on the day of inspection that they would start recording the oxygen checks with immediate effect.
- 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 did not have rectal diazepam (medicine used to control seizures), one of the emergency medicines. The day following the inspection the practice sent us evidence of purchase of this medicine.
- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.
- We audited 16 sets of medical records during the inspection and found these to be satisfactory.

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 96.5% (Clinical Commissioning Group average 95.7%; national average 95.3%) of the total number of points available, with 3.7% (CCG average 10.9%; national average 9.8%) clinical exception reporting. We found that the exceptions were appropriately reported. (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.) Unpublished QOF data for 2016/17 provided by the practice indicated that practice had achieved 98.9% of the total number of points available, with 3.7% clinical exception reporting which is an improvement when compared to 2015/16 results.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/16 showed:

- Performance for diabetes related indicators was in line with the Clinical Commissioning Group (CCG) and national average. For example, 81% (0% exception reporting) of patients had well-controlled diabetes, indicated by specific blood test results, compared to the

CCG average of 77% and the national average of 78%. 94% (2.4% exception reporting) of patients with diabetes had received a foot examination in the preceding 12 months compared to the CCG average of 92% and national average of 89%.

- 100% (0% exception reporting) of patients over 75 with a fragility fracture were on the appropriate bone sparing agent, which was above the CCG average of 93% and national average of 84%.
- 100% (10.5% exception reporting) of patients with atrial fibrillation were treated with anticoagulation therapy compared to the CCG average of 85% and national average of 87%.
- Performance for mental health related indicators was above the CCG and national averages; 93% (0% exception reporting) of 38 patients had a comprehensive agreed care plan in the last 12 months compared with the CCG average of 90% and national average of 89%.
- 100% (11.1% above average exception reporting) of patients with dementia had received annual reviews which was in line with the CCG average of 73% and national average of 84%.
- The national QOF data showed that 88% (1.7% exception reporting) of patients with asthma in the register had an annual review, compared to the CCG average of 78% and the national average of 76%.
- 94% (0% exception reporting) of patients with Chronic Obstructive Pulmonary Disease (COPD) had received annual reviews compared with the CCG average of 90% and national average of 90%.

There was evidence of quality improvement including clinical audit:

- There had been nine clinical audits carried out in the last two years, three of these were completed audits where the improvements made were implemented and monitored.
- For example, an audit was undertaken to ascertain if patients diagnosed with atrial fibrillation (a heart condition that causes an irregular and often abnormally fast heart rate) were appropriately prescribed oral anticoagulants (medicines that help prevent blood clots). In the first cycle the practice identified 12 patients with this condition who were taking oral anticoagulants and found that they were all appropriately prescribed. In the second cycle after changes had been implemented including patient education, the practice had identified

Are services effective?

(for example, treatment is effective)

19 patients with this condition who were taking oral anticoagulants and found that they were all appropriately prescribed. The results were similar to the first cycle.

- The practice worked with the Clinical Commissioning Group (CCG) medicines management team and undertook mandatory and optional prescribing audits such as those for antibiotic prescribing.
- The practice had a lower than average number of antibacterial items prescribed when compared to the CCG and national averages.

Effective staffing

Evidence reviewed showed that staff had the skills and knowledge 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 and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training. Two out of five clinical staff and one out of eight non-clinical

staff had not undertaken information governance training; however the day following the inspection the practice sent us evidence of completion of this training for these staff.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- From the sample of documented examples we reviewed we found that the practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- The clinical patient management system used in the practice linked with a local hospital who shared pathology results of patients. The practice also received electronic discharge summaries from local hospitals.
- The practice did not always provide a leaflet to patients who had been referred to the two week wait referral pathway. However the day following the inspection the practice sent us a copy of their updated two week wait referral policy which included a patient information leaflet and their plan to audit the referrals every two weeks.

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. The practice had informal clinical meetings. Information was shared between services, with patients' consent, using a shared care record. We saw evidence that multi-disciplinary team (MDT) meetings took place on a monthly basis and that care plans were routinely reviewed and updated for patients with complex needs.

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

Consent to care and treatment

Are services effective?

(for example, treatment is effective)

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.
- Two out of five clinical staff had not undertaken Mental Capacity Act training; however the day following the inspection the practice sent us evidence of completion of this training for these staff.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

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

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

The practice's uptake for the cervical screening programme was 82%, which was in line with the Clinical Commissioning Group (CCG) average of 79% and the national average of 81%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. For example:

- The percentage of females aged 50-70, screened for breast cancer in last 36 months was 64% compared with 67% in the CCG and 73% nationally.
- The percentage of patients aged 60-69, screened for bowel cancer in last 30 months was 51% compared with 47% in the CCG and 58% nationally.

Childhood immunisation rates for the vaccinations given were in line with the national averages. There are four areas where childhood immunisations are measured; each has a target of 90%. The practice achieved the target in one out of four areas. These measures can be aggregated and scored out of 10, with the practice scoring 8.5 (compared to the national average of 9.1). Unpublished results for 2016/17 provided by the practice indicated that the practice had achieved the target in all four areas.

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

During our inspection we observed that members of staff were courteous and very helpful to patients and treated them with dignity and respect.

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

Thirty four of the 38 patient Care Quality Commission comment cards we received were wholly positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

We spoke with 10 patients including two members 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.

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

- 87% said the GP was good at listening to them (Clinical Commissioning Group (CCG) average of 85%; national average of 89%).
- 87% said the GP gave them enough time (CCG average 81%, national average 87%).
- 96% said they had confidence and trust in the last GP they saw (CCG average 93%, national average 95%).
- 82% said the last GP they spoke to was good at treating them with care and concern (CCG average 79%, national average 85%).
- 87% said the last nurse they spoke to was good at treating them with care and concern (CCG average 82%, national average 91%).

- 88% said they found the receptionists at the practice helpful (CCG average 83%, national average 87%).

Care planning and involvement in decisions about care and treatment

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

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

- 86% said the last GP they saw was good at explaining tests and treatments compared to the Clinical Commissioning Group (CCG) average of 82% and national average of 86%.
- 72% said the last GP they saw was good at involving them in decisions about their care (CCG average 75%, national average 82%).
- 75% said the last nurse they saw was good at involving them in decisions about their care (CCG average 78%, national average 85%).

The patients we spoke to during the inspection said that the GP and nurse always involved them in decisions about their care.

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

- Staff told us that interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available. Patients were also told about multi-lingual staff who might be able to support them.
- Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

Are services caring?

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 13 patients as carers (approximately 0.5% of the practice list). Written

information was available to direct carers to the various avenues of support available to them. The practice manager was the carers champion who referred carers to local carers centre for assessment.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population:

- The practice offered extended hours on a Monday and Tuesday evening between 6:30pm and 7pm which was suitable for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability. We saw that all the 11 patients with a learning disability had received a health check in the last year.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The facilities were accessible, which included a hearing loop, and interpretation services available; however the practice did not regularly offer longer appointments for patients who used interpreters. During the inspection the practice informed us that they would offer longer appointments for patients who use interpreters with immediate effect.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice sent text message reminders of appointments and test results.
- Patients were able to receive travel vaccines available on the NHS.
- The practice has considered and implemented the NHS England Accessible Information Standard to ensure that disabled patients receive information in formats that they can understand and receive appropriate support to help them to communicate.
- The practice had signed up to be part of a new local Out Of Hospital (OOH) service. As part of this service the practice performed case finding, care planning and case monitoring. They provided simple and complex wound

care and identified patients who were at high risk of diabetes. They also offered electrocardiography, phlebotomy, near patient monitoring and spirometry. This reduced the need for patients to attend a hospital.

- The practice was situated in a health centre where the patients had access to audiology, occupational therapy, sexual health and family planning clinics.

Access to the service

The practice was open between 8am and 6:30pm Monday to Friday except Wednesdays when the practice closes at 1pm. Appointments were from 9am to 12:30pm every morning and 4pm to 6:30pm every evening except Wednesdays. Extended hours GP appointments were offered between 6:30pm and 7pm on Mondays and Tuesdays. Extended hours nurse appointments were available on Mondays from 6:30pm to 7pm. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for patients that needed them. The practice patients had access to local GP primary care hub in three local sites where that could book an appointment seven days a week.

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

- 71% of patients were satisfied with the practice's opening hours (Clinical Commissioning Group (CCG) average 72%; national average of 76%).
- 92% patients said they could get through easily to the surgery by phone (CCG average 69%, national average 73%).
- 77% patients said they always or almost always see or speak to the GP they prefer (CCG average 51%, national average 59%).

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

The practice had a system to assess:

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

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

Are services responsive to people's needs?

(for example, to feedback?)

Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns.

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

The practice had not received any complaints in the last 12 months. We looked at complaints received before this period. We saw evidence that complaints had been acknowledged and responded to and letters were kept to provide a track record of correspondence for each complaint. Lessons were learned from individual concerns and complaints and action was taken to as a result to improve the quality of care.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had a mission statement which was included in the practice leaflet and was not displayed in the waiting area. Staff knew and understood the values.
- The practice had a clear strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- A comprehensive understanding of the performance of the practice was maintained. Practice meetings were held quarterly which provided an opportunity for staff to learn about the performance of the practice.
- The practice was part of the local GP federation and were collaborating with other practices in the network. They attended monthly network meetings where they discussed local concerns and needs.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions; however they did not include all areas for example not recording checks on oxygen.
- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints.

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 lead GP was approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The lead GP encouraged a culture of openness and honesty. From the sample of documented examples we reviewed we found that the practice had systems to ensure that when things went wrong with care and treatment:

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

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

- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. Minutes were comprehensive and were available for practice staff to view.
- 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 lead GP encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the Patient Participation Group (PPG) and

Are services well-led?

Good 

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

through surveys and complaints received. The practice had a PPG which met once a year; however the PPG was led by the practice. During the inspection we spoke to two members of the PPG; they said to us that the meetings they had with the practice had been useful. The practice informed us on the day of inspection that they would have frequent PPG meetings and would make the PPG patient led in the future. Following patient comments regarding late running of appointments the lead GP timed their consultations to avoid late running of appointments.

- The practice was in the process of doing their own patient survey and had received 20 responses at the time of inspection. However they had not analysed the responses as they were waiting for more responses.

Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area.