

# Colindale Medical Centre Lp

## Quality Report

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

## Ratings

### Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Colindale Medical Centre on 20 August 2015. Overall the practice is rated as good.

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

- The practice had systems in place for reporting and recording significant events but we noted that when things went wrong, reviews, investigations and learning did not always include all relevant people.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had 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.

- Patients said they found it easy to make an appointment with a named GP and that 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 areas where the provider should make improvement are:

- Ensure that fire risk assessments take place every 12 months.
- Review its significant events systems to ensure that when things go wrong, reviews, investigations and learning includes all relevant people.

**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



- The practice had systems in place for reporting and recording significant events but we noted that when things went wrong, reviews, investigations and learning did not always include all relevant people.  
Records showed that two significant events had been recorded in the last 12 months but some staff members could not recollect any significant events having been recorded.
- The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse.
- Risks to patients were assessed and well managed with the exception of those relating to fire safety and significant events reporting.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Data showed patient outcomes were at or above average for the locality.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.

Staff worked with multidisciplinary teams to understand and meet the range and complexity of people's needs.

### Are services caring?

The practice is rated as good for providing caring services.

Good



- Data showed that patients rated the practice higher than others for several aspects of care.
- 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 also saw that staff treated patients with kindness and respect, and maintained confidentiality.

# Summary of findings

- There was sufficient information available to help patients understand the services available to them.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- It 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. For example, the practice had introduced mid-afternoon double appointments for over-75 year old patients as part of a CCG funded GP network project.
- Patients said they found it easy to make an appointment with a named GP and that 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 that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



## Are services well-led?

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

- It 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 this.
- 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.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group (PPG) was active.
- There was a strong focus on continuous learning and improvement at all levels.

Good



# Summary of findings

## The six population groups and what we found

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

### Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population. For example, a register of all patients over 75 was kept and they had a named GP
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Provision of additional mid-afternoon double appointments for over-75 year old patients, as part of a GP network project.

Good



### People with long term conditions

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

- Performance for diabetes related indicators was 84% which was below the CCG average by 4.8% and below the national average by 5.5%.
- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check that their health and medicines needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



### Families, children and young people

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

- 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 relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.

Good



# Summary of findings

- The practice's uptake for the cervical screening programme was 86% which was above the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

## **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).

- Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was below local and national averages.
- The practice was proactive in offering a full range of health promotion and screening that reflects the needs for this age group.

**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 and those with a learning disability.
- It offered longer appointments for people with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- It had told vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

**Good**



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

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

- Performance for mental health related indicators was 73.1% which was below the CCG average by 21% and below the national average by 18%.

**Good**



# Summary of findings

- 75% percentage of patients diagnosed with dementia had had their care reviewed in a face-to-face review in the preceding 12 months
- 81% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in their record in the preceding 12 months compared with the 86% national average.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- It carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- It had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published in July 2015. They showed the practice was performing in line with local and national averages. Four hundred and twenty three survey forms were distributed and 108 were returned.

- 64% found it easy to get through to this surgery by phone compared to a CCG average of 63% and a national average of 73%.
- 85% found the receptionists at this surgery helpful (CCG average 83%, national average 87%).
- 75% were able to get an appointment to see or speak to someone the last time they tried (CCG average 82%, national average 85%).
- 86% said the last appointment they got was convenient (CCG average 90%, national average 92%).

- 72% described their experience of making an appointment as good (CCG average 68%, national average 73%).
- 58% usually waited 15 minutes or less after their appointment time to be seen (CCG average 57%, national average 65%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 18 comment cards which were all positive about the standard of care received. Key themes were that staff were caring, that the premises were accessible and that clinicians were knowledgeable.

We spoke with eight patients during the inspection including three member of the practice's patient participation group. They spoke positively about the care they received and told us that staff were approachable, committed and caring.

## Areas for improvement

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

- Ensure that fire risk assessments take place every 12 months.
- Review its significant events systems to ensure that when things go wrong, reviews, investigations and learning includes all relevant people.



# Colindale Medical Centre Lp

## 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 advisor, a second CQC inspector and a practice nurse specialist advisor.

## Background to Colindale Medical Centre Lp

Colindale Medical Centre is located in Barnet, North London. The practice has a patient list of approximately 6,500. Twelve percent of patients are aged under 18 and 9% are 65 or older. Fifty percent of patients have a long-standing health condition, whilst 14% have carer responsibilities.

The services provided by the practice include child health care, ante and post natal care, immunisations, sexual health and contraception advice and management of long term conditions.

The staff team comprises three partner GPs (two male), four locum GPs (two male, two female), a female practice nurse, a female health care assistant, a practice manager and administrative/reception staff. The practice holds a Personal Medical Service (PMS) contract with NHS England. This is a locally agreed alternative to the standard General Medical Service (GMS) contract used when services are agreed locally with a practice which may include additional services beyond the standard contract.

The practice's opening hours are:

- Monday, Tuesday, Wednesday: 9:00am - 6:30pm
- Thursday: 9am-1pm

- Friday: 9am -7.30pm

Appointments are available at the following times:

- Monday: 9am – 12pm, 1pm-3pm, 4pm-6pm
- Tuesday: 9am-12pm, 4pm-6pm, 6.30pm-7pm (telephone)
- Wednesday: 9am-12pm, 4pm-6pm
- Thursday: 7.30am-8am (pre-booked appointments), 9am-1pm
- Friday: 9am-12pm, 1pm-3pm, 4pm-7.30pm

Outside of these times, cover is provided by an out of hours provider.

The practice is registered to provide the following regulated activities which we inspected: treatment of disease, disorder or injury, diagnostic and screening procedures, surgical procedures, family planning, maternity and midwifery services.

## Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

# Detailed findings

## How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 20 August 2015. During our visit we:

- Spoke with a range of staff including partner GPs, practice nurse, practice manager and reception staff; and spoke with patients who used the service.
- Observed how people were being cared for and talked with carers and/or family members
- Reviewed 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 are provided for specific groups of people and what good care looks 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

The practice had systems in place for reporting and recording significant events but we noted that when things went wrong, reviews, investigations and learning did not always include all relevant people.

For example, we were told that if a significant event occurred, it would be discussed at one of the practice's weekly team meetings to ensure that learning was shared amongst all staff.

Records showed that two significant events had been tabled at team meetings in the last 12 months and there was evidence of action taken to minimise chance of reoccurrence.

However, when we spoke with two members of staff (one clinical and one non clinical) they could not recollect any significant events having been recorded in the last 12 months.

### Overview of safety systems and processes

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

- Arrangements in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and 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 relevant to their role. GPs were trained to child protection level 3 and the practice nurse to level 2.
- A notice in the waiting room advised patients that nurses would act as chaperones, if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring service check (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.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). 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. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions (PSDs) to enable Health Care Assistants to administer vaccinations.

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. PSDs are written instruction, 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.

- We reviewed five personnel files (including the three locum GPs) and found that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

### Monitoring risks to patients

We looked at how risks to patients were assessed and managed. We noted the following:

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a

## Are services safe?

health and safety policy available with a poster in the reception office. All electrical equipment had been checked within the last 12 months to ensure it was safe to use. Clinical equipment had also been checked and calibrated to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health, infection control and legionella.

- 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 that enough staff were on duty.
- The practice had undertaken a fire risk assessment in June 2013 and we noted that improvements (such as the installation of emergency hallway lighting) had subsequently taken place. However, we also noted that the risk assessment had advised that fire extinguishers be purchased to tackle electrical fires but that this had not happened. Records showed that as part of a June 2014 fire risk assessment the practice had assessed the risk of an electrical fire as low because it undertook annual checks of its electrical equipment. However, shortly after our inspection, we were sent confirming evidence that three fire extinguishers had been purchased. At the time of our inspection, the practice's annual fire risk assessment was overdue by two months.

### 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 and oxygen with adult and children's masks. There was also a first aid kit and accident book available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. Staff had access to these guidelines and they were used to support delivery of care and treatment that met peoples' needs. The practice also used audits to monitor the usage and application of the guidelines.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality 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 94% of the total number of points available, with 2.4% 'exception reporting.' QOF includes the concept of exception reporting to ensure that practices are not penalised where, for example, patients do not attend for review, or where a medicine cannot be prescribed due to a side-effect. 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 84% which was below the CCG average by 4.8% and below the national average by 5.5%.
- Performance for hypertension related indicators was 100% which was above the CCG average by 2.4% and above the national average by 2.2%.
- Performance for mental health related indicators was 73.1% which was below the CCG average by 21% and below the national average by 18%.
- Performance for dementia related indicators was 96% which was 1% above the CCG average and 2% above the national average.

Before our inspection, we noted that the ratio of reported versus expected prevalence of Chronic Obstructive Pulmonary Disease (COPD) was low compared to the national average. COPD is sometimes referred to as lung disease. The practice was aware of this variation and told us that in response, patient

education events, joint COPD screening/smoking cessation clinics and Healthcare Assistant (HCA) spirometry training had been introduced. We also noted that the practice had a younger patient list profile with age ranges 0-4 and 29-34 being most prevalent. COPD is a condition typically found in older patients.

### Clinical audits demonstrated quality improvement.

There had been two completed clinical audits undertaken in the last 12 months and the practice could demonstrate how improvements in patient outcomes had been implemented and monitored. For example, in January 2015, the practice had audited 20 patient records to assess whether diagnoses of urinary tract infections and subsequent antibiotic prescribing were in accordance with Public Health England (PHE) guidance. The first cycle of the audit highlighted that only 55% of antibiotic prescribing complied with PHE antibiotic primary care guidance. Clinicians discussed and reviewed the guidance; and an April 2015 reaudit reported that compliance had increased to 85%.

Records also showed that information about patients' outcomes was used to make improvements such as the minutes of admission avoidance meetings where patient care was reviewed and actions taken as appropriate.

### Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that 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 e.g. regarding basic life support.
- 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 these learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and

# Are services effective?

## (for example, treatment is effective)

facilitation and support for the revalidation of doctors. We noted that doctors had been revalidated within the last 12 months. All staff had had an appraisal within the last 12 months.

- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. 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. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring people to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a two monthly basis. Care plans were routinely reviewed and updated.

### 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, where appropriate, recorded the outcome of the assessment.
- The process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

### Health promotion and prevention

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition, those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.

The practice had a failsafe system for ensuring results were received for every sample sent as part of the cervical screening programme. The practice's uptake for the cervical screening programme was 86% which was better than the 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 also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 85% to 98% and five year olds from 69% to 94%. Flu vaccination rates for the over 65s were 88% and at risk groups 74%. These were also comparable to national averages.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.



# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

We observed that members of staff were courteous and very helpful to patients and treated people dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations and that 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.

All of the 18 patient CQC 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 also spoke with three members 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 performance was broadly comparable to CCG and national averages for its satisfaction scores on consultations with doctors and nurses. For example:

- 87% said the GP was good at listening to them compared to the CCG average of 87% and national average of 89%.
- 89% said the GP gave them enough time (CCG average 84%, national average 87%).
- 96% said they had confidence and trust in the last GP they saw (CCG average 94%, national average 95%).
- 85% said the last GP they spoke to was good at treating them with care and concern (CCG average 83%, national average 85%).

- 80% said the last nurse they spoke to was good at treating them with care and concern (CCG average 86%, national average 90%).
- 85% 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 that 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 on the comment cards we received was also positive and aligned with these views.

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 local and national averages. For example:

- 84% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and national average of 86%.
- 84% said the last GP they saw was good at involving them in decisions about their care (CCG average 79%, national average 81%)

Staff told us that interpreting and 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.

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

Notices in the patient waiting room 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 14% of the practice list as carers. 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 local Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice had introduced mid-afternoon double appointments for over-75 year old patients as part of a CCG funded GP network project.

- Home visits were available for older patients / patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- There were disabled facilities, hearing loop and translation services available.
- On line appointment booking and repeat prescriptions were available
- Urgent access appointments were available for children and those with serious medical conditions.
- There were disabled facilities, hearing loop and interpreting services available.
- There were longer appointments available for people with a learning disability.
- Baby changing facilities were available and there was sufficient space in the reception and other communal areas to manoeuvre push chairs.
- Tailoring care and treatment to specific patient groups, such as Diabetes advice in preparation of Ramadan.
- Numerous local community languages were spoken by the practice staff including Gujarati, Hindi, Urdu, Mandarin, Cantonese and Tagalog.
- All staff at the practice are registered 'Dementia friends'

### Access to the service

The practice's opening hours are:

- Monday, Tuesday, Wednesday: 9:00am - 6:30pm
- Thursday: 9am-1pm
- Friday: 9am -7.30pm

Appointments are available at the following times:

- Monday: 9am – 12pm, 1pm-3pm, 4pm-6pm

- Tuesday: 9am-12pm, 4pm-6pm, 6.30pm-7pm (telephone)
- Wednesday: 9am-12pm, 4pm-6pm
- Thursday: 7.30am-8am (pre-booked appointments), 9am-1pm
- Friday: 9am-12pm, 1pm-3pm, 4pm-7.30pm

Outside of these times, cover was provided by an out of hours provider. In addition to pre-bookable appointments that could be booked up to six 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 below local and national averages. However, people told us on the day that they were able to get appointments when they needed them and PPG members gave examples of how the practice had acted on suggestions on how to improve access (such as extra reception staff for call handling and recruiting three part time GP locums to increase appointments availability).

- 62% of patients were satisfied with the practice's opening hours compared to the CCG average of 79% and national average of 75%.
- 64% patients said they could get through easily to the surgery by phone (CCG average 63%, national average 73%).
- 72% patients described their experience of making an appointment as good (CCG average 68%, national average 73%).
- 58% patients said they usually waited 15 minutes or less after their appointment time (CCG average 57%, national average 65%).

### 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.
- There was a designated responsible person who handled all complaints in the practice.



# Are services responsive to people's needs?

(for example, to feedback?)

- We saw that information was available to help patients understand the complaints system such as in reception, in patient information leaflet and on the practice website.

We looked at two complaints received in the last 12 months and found they had been satisfactorily handled, dealt with in a timely and open manner. There was also evidence that lessons were learnt from concerns and complaints and that action was taken to as a result to improve the quality of

care. For example, a patient had complained because they had been booked for a single appointment and therefore could only discuss one concern. Reception staff had been unaware that double appointment bookings were available for such situations. As a result of the complaint, reception staff had been reminded that the double appointment bookings facility was available. This was also publicised in reception.

# 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 provide a high standard of medical care and a commitment to patients' needs. The practice had a statement of purpose and staff were aware and understood its values.

### Governance arrangements

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

- A clear staffing structure and that staff were aware of their own roles and responsibilities; and that practice specific policies implemented and available to all staff
- A comprehensive understanding of the performance of the practice. For example, the practice was aware that the ratio of reported versus expected prevalence of COPD was low compared to the national average and could describe actions being taken in response. However, we noted that the practice had not taken action to improve patient outcomes for mental health related indicators which were below CCG and national averages.
- A programme of continuous clinical and internal audit which is used to monitor quality and to make improvements.
- A robust system in place for identifying, recording and managing risks, issues and implementing mitigating actions, with the exception of those relating to not involving all relevant people in sharing learning from significant event reporting.

### Leadership, openness and transparency

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. They were visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff. The practice was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty.

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

- Staff told us that the practice held regular team meetings.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and confident in doing so and felt supported if they did. Informal away days/social events took place approximately every six months.
- 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.

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

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

- It had gathered feedback from patients through the PPG and through surveys and complaints received. There was an active PPG which met on a regular basis, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, PPG members told us that the practice had acted on a range of suggestions including name badges for staff, extra reception staff for call handling and recruiting three part time GP locums to increase appointments availability.
- The practice had also gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

### Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local schemes to improve outcomes for patients in the area such as:

- A local GP federation scheme offering mid-afternoon double appointments for over-75 year old patients.
- Organising patient education events on topics such as inhaler technique and glucometer use.

## Are services well-led?

Good 

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

- Inviting patients and their families to diabetes screening events run in collaboration with a local Diabetes charity.