

Hornsey Park Surgery

Quality Report

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Date of inspection visit: 14 April 2016

Date of publication: 18/07/2016

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?	Requires improvement		
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 Hornsey Park Surgery on 14 April 2016. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses.
- Not all risks to patients were assessed and well managed. The practice did not have a system for checking that all emergency medicines were present and in date.
- Data showed patient outcomes were comparable to the national average. Some audits had been carried out, and we saw some evidence that audits were driving improvements to patient outcomes.
- Patients said they were treated with compassion, dignity and respect.

- Information about services was available but not everybody would be able to understand or access it.
- The practice had a number of policies and procedures to govern activity, but some were standard policies that had not been adapted to be practice specific.

The areas where the provider must make improvements are:

- Ensure there is a system for checking emergency medicines.

In addition the provider should:

- Produce a finalised business plan.
- Review practice policies and procedures in order to make them relevant to the practice.
- Develop a plan to improve patient satisfaction scores.
- Review and develop an induction programme for new staff.

Summary of findings

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 requires improvement for providing safe services.

Requires improvement



- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and patients received an apology if necessary.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. The practice did not have a system for checking that emergency medicines were present and in date,
- Not all staff acting as chaperones had received training. However the practice was undertaking this training in May 2016.
- Not all non-clinical staff had received up to date mandatory training, including basic life support. Staff had previously received this training and were awaiting update training. This training had been booked for May 2016 to ensure all staff were up to date.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- The practice had undertaken some clinical audits that demonstrated quality improvement.
- There was no induction programme for new employees.
- Non-clinical staff had not received all mandatory training, including safeguarding and basic life support. This training was booked for May 2016.
- There was evidence of appraisals for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- Data from the national GP patient survey showed patients rated the practice similar to 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 saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and provided appropriate services.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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

Good



- The practice had a vision and a strategy. Staff were aware of this and their responsibilities in relation to it. However there was no business plan developed to support this.
- There was a governance framework which supported the delivery of the strategy and good quality care.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- The practice had a number of policies and procedures to govern activity, but some of these were in need of personalising.
- Some non-clinical staff had not received inductions but all staff had received regular performance reviews and attended staff meetings and events.

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 providing services to older people.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice was accessible to patients with reduced mobility.

Good



People with long term conditions

The practice is rated as good for providing services to people with long-term conditions.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The percentage of patients with diabetes in whom the last blood pressure reading is 130/80 mmHg or less was 80% compared to the national average of 78%. The percentage of patients with diabetes whose last measured total cholesterol is 5 mmol/l or less was 77% compared to the national average of 80%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

The practice is rated as good for providing services to 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 80%, which was comparable to the national average of 81%. 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 providing services to working age people (including those recently retired and students).

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- Extended hours provision was available on a Saturday.
- Online services were available which included booking appointments, ordering repeat medicines and viewing basic health records.
- 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.

Good



People whose circumstances may make them vulnerable

The practice is rated as good for providing services to people whose circumstances may make them vulnerable.

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- 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. However not all non-clinical staff had received formal safeguarding training.

Good



People experiencing poor mental health (including people with dementia)

The practice is rated as good for providing services to people experiencing poor mental health (including people with dementia).

Good



Summary of findings

- The percentage of patients with schizophrenia, bipolar disorder and other psychoses who had an agreed care plan documented in the records was 90% compared to the national average of 88%. The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing in line with local and national averages. Four hundred and four survey forms were distributed and 95 were returned. This represented 10% of the practice's patient list.

- 85% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 79% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 80% of patients described the overall experience of this GP practice as good compared to the national average of 85%).

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

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 13 comment cards which were all positive about the standard of care received. Cards stated that the service was very good and that the GPs were very caring. All patients that returned cards stated that they felt respected and involved in their care and treatment.

We spoke with nine patients during the inspection. All nine patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

Areas for improvement

Action the service **MUST** take to improve

- Ensure there is a system for checking emergency medicines.

Action the service **SHOULD** take to improve

- Produce a finalised business plan.

- Review practice policies and procedures in order to make them relevant to the practice.
- Develop a plan to improve patient satisfaction scores.
- Review and develop an induction programme for new staff.

Hornsey Park Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Hornsey Park Surgery

Hornsey Park Surgery is located in Haringey, North East London. The practice has a patient list of approximately 4039. Thirty four percent of patients are aged under 18 (compared to the national practice average of 15%) and 11% are 65 or older (compared to the national practice average of 17%). Fifty six percent of patients have a long-standing health condition.

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 the GP Principal (female working 0.75 whole time equivalent (WTE)), a male salaried GP (working 0.4 WTE), a full time female practice nurse, female healthcare assistant, practice manager, practice management support worker, administration and reception staff. Hornsey Park Surgery holds a General Medical Service (GMS) contract with NHS England.

The practice's opening hours are:

- Week days (except Wednesday) 9am-6:30pm
- Wednesday 9am – 4pm

- Saturday 10am – 2pm

GP appointments are available at the following times:

- Monday :9am-11am and 3pm -5pm
- Tuesday: 9am-11am and 3pm-5pm
- Wednesday 9am – 11am
- Thursday 9am-11am and 3pm-5pm
- Friday: 9am-11am and 4pm-6pm

Nurse appointments are available at the following times:

- Monday 9am – 1pm and 2pm – 5:30pm
- Thursday 9am – 1pm and 2pm – 5:30pm
- Friday 9am – 1pm and 2pm – 5:30pm

The practice offers extended hours opening at the following times:

- Saturday 10am – 2pm

The telephone lines are diverted to the out of hour's provider when the practice was closed.

The practice is registered to provide the following regulated activities at the Hornsey Park Surgery, Haringey, London N8 0PH which we inspected: family planning, treatment of disease, disorder or injury; diagnostic and screening procedures and maternity and midwifery services.

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

Detailed findings

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.

The practice was previously inspected in March 2014 under the previous regulations where the practice was found to be non-compliant for cleanliness and infection control, management of medicines, safety and suitability of premises, requirements relating to workers and complaints. At the follow up inspection in May 2015 the practice was found to be compliant with the regulations.

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 14 April 2016. During our visit we:

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

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events.

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

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, when a patient was verbally abusive to reception staff because they had been refused a repeat prescription, staff were trained in the use of the panic button and the zero tolerance policy was reviewed.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff; however the policies were standard policies which had not been personalised for the practice. The practice had a separate sheet attached to the policies that outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding

meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3. The practice nurse had received child safeguarding level 2 training.

- A notice in the waiting room advised patients that chaperones were available if required. The healthcare assistant (HCA) and receptionists acted as chaperones as per the practice policy. The HCA had received training however the receptionists were awaiting the training in May 2016 and we were provided with evidence of the booking confirmation at the time of the inspection. The booking was made before the date of the inspection. All staff acting as chaperones had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. The practice had undertaken annual infection control audits.
- The arrangements for managing medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.

Are services safe?

- We reviewed six personnel files and found 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

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments (March 2016) and carried out regular fire drills. All electrical equipment was checked in October 2015 to ensure the equipment was safe to use and clinical equipment was checked in September 2015 to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). The latest available legionella assessment was dated February 2013. At the time of the assessment the practice was given the all clear for legionella as a new water tank had been installed. The premises was informed that they were not at risk from 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 enough staff were on duty. The practice used locum GP's when there was a need to ensure clinical sessions were fulfilled.

Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to respond to emergencies and major incidents however there were some areas where systems were in need of improvement.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- Staff had received annual basic life support training, however this was due for renewal. Staff were booked on a mandatory training course due to take place in May 2016 which covered basic life support. We saw evidence that showed the course had been booked prior to the inspection.
- Emergency medicines were available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. We checked the emergency medicines and found they were kept securely, however there was no system to check their expiry dates. We found two of the emergency medicines had expired in 2015. We addressed this with the practice who stated that they would ensure the medicines were replaced and ensure a checking system was established.
- 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.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.

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 92.8% of the total number of points available.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014-2015 showed:

- Performance for diabetes related indicators was comparable to the national average. For example, the percentage of patients with diabetes in whom the last blood pressure reading is 130/80 mmHg or less was 80% compared to the national average of 78%. The percentage of patients with diabetes whose last measured total cholesterol is 5 mmol/l or less was 77% compared to the national average of 80%.
- Performance for mental health related indicators was comparable to the national average. For example, the percentage of patients with schizophrenia, bipolar disorder and other psychoses who had an agreed care plan documented in the records was 90% compared to the national average of 88%. The percentage of patients diagnosed with dementia who had received a face to face review was 83% compared to the national average of 84%.

There was evidence of quality improvement including clinical audit.

- There had been five clinical audits completed in the last two years, one of these was a completed audit where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, recent action taken as a result of an audit into patient attendance at A&E included implementing a designated session on a Monday morning for emergency appointments only which was additional to the slots at the end of each regular session. The practice also implemented a system of telephone consultations. The initial audit showed over a six month period (Jan to June 2014) 195 patients attended accident and emergency. Despite the action taken by the practice, in the same period in 2015 (Jan to June), 672 patients had attended accident and emergency. It was also identified that many were frequent attenders. The practice responded to this by further education of front line staff to triage calls appropriately, additional sessions and telephone consultations were made available. The practice was currently reauditing this for 2016 to see if there was any change. The practice contacted those patients that were frequent attenders at A&E to educate them in the use of the service and what services were available at the practice.

Effective staffing

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

- The practice did not currently have an induction programme for all newly appointed staff. The practice was in the process of developing this for the next new starter.
- 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 and practice meetings. Staff had

Are services effective?

(for example, treatment is effective)

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. All staff had received an appraisal within the last 12 months.

- Non-clinical staff had not received all mandatory training that included: safeguarding, fire safety awareness, basic life support and information governance. We saw evidence that all staff were due to go on a comprehensive training course which would cover all of these areas in May 2016. The course was booked prior to the inspection.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

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

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

The practice's uptake for the cervical screening programme was 80%, which was comparable to 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 demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 72% to 95% (CCG average range of 85% to 94%) and five year olds from 82% to 91% (CCG average range of 84% to 91%).

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All of the 13 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with one member of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 78% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 82% and the national average of 89%.
- 79% of patients said the GP gave them enough time compared to the CCG average of 79% and the national average of 87%.
- 91% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 91% and the national average of 95%.

- 75% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 77% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 86% of patients said they found the receptionists at the practice helpful compared to the CCG average of 82% and the national average of 87%.

The practice was aware of the areas where the results were lower than the average and were working with the PPG to define and implement an action plan to improve the service and their overall scores. The plan was still being discussed and the practice were unable at this stage to give examples of what the plan actually involved.

Care planning and involvement in decisions about care and treatment

Patients told us on the day of inspection 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 from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

However the results from the national GP patient survey showed the practice was lower than average for questions about their involvement in planning and making decisions about their care and treatment. For example:

- 75% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 80% and the national average of 86%.
- 75% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 72% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

Are services caring?

The practice was aware of the low scores and the practice stated that they were working hard on their communication to ensure patients felt more involved in their treatment and that any treatment or results were explained clearly.

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

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 74 patients as carers (2% (rounded) of the practice list). Carers were offered an annual health check. 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 offered a 'Commuter's Clinic' on a Saturday between 10am and 2pm for those patients unable to attend during the working week. This was a CCG run initiative where 11 practices opened and patients could be seen at this time at any of the open practices.
- Patients were able to book appointments online as well as request repeat prescriptions.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS.
- There were disabled facilities, a hearing loop and translation services available.

Access to the service

The practice's opening hours were:

- Week days (except Wednesday) 9am-6:30pm
- Wednesday 9am – 4pm
- Saturday 10am – 2pm

GP appointments were available at the following times:

- Monday :9am-11am and 3pm -5pm
- Tuesday: 9am-11am and 3pm-5pm
- Wednesday 9am – 11am
- Thursday 9am-11am and 3pm-5pm
- Friday: 9am-11am and 4pm-6pm

Nurse appointments were available at the following times:

- Monday 9am – 1pm and 2pm – 5:30pm
- Thursday 9am – 1pm and 2pm – 5:30pm
- Friday 9am – 1pm and 2pm – 5:30pm

The practice offers extended hours opening at the following times:

- Saturday 10am – 2pm

In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments and home visits 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 comparable to local and national averages.

- 80% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 85% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

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

The practice had a system in place to assess:

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

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.
- We saw that information was available to help patients understand the complaints system including a complaints leaflet and information on the practice website.

We looked at 11 complaints received in the last 12 months and found that they had been handled in line with the practice policy. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, a patient complained that their child was not referred to an allergy clinic at their request. The practice explained that there were specific guidelines that

Are services responsive to people's needs? (for example, to feedback?)

had to be followed before a referral was made. The practice reflected on this and revised their procedures to ensure that patients were aware of the full process for referring on to secondary 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 aimed to be empathetic to patients and keep the traditional family doctor approach.

- Staff knew and understood the values of the practice.
- The practice did not have supporting business plans which reflected the vision and values. The practice was working with the practice management support worker to develop the business plan which was yet to be finalised.

Governance arrangements

- The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- The practice had policies that were implemented and were available to all staff. However some of these, including safeguarding were generic and lacked practice specific information.
- An understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- The arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were in need of development. For example ensuring that a robust system for checking emergency medicines was developed, infection control audits undertaken and relevant staff training was undertaken.

Leadership and culture

The GP told us the practice prioritised safe, high quality and compassionate care. Staff told us the GP's were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of

candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology

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

- 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.
- 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.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, replacing the seating in the waiting area to make it more comfortable for patients while waiting to be called.
- The practice had gathered feedback from staff through appraisals and staff meetings. Staff told us they would not hesitate to give feedback and discuss any concerns

Are services well-led?

Good 

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

or issues with colleagues and management; however they were unable to provide any specific examples. 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 pilot schemes to improve outcomes for patients in the area. This included the Saturday morning clinic which provided appointments for working patients across 11 practices within the CCG area.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
Family planning services	
Maternity and midwifery services	The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users. The practice failed to adopt a system of checking whether all emergency medicines were present and whether they were in date.
Treatment of disease, disorder or injury	This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.