

Leyton Green Neighbourhood HS

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?

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

We carried out an announced comprehensive inspection at Leyton Green Health Service on 24 November 2015. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Staff understood their patient demographic and provided services to meet their specific needs, for example there was a designated flu clinic for the mandarin population where interpreters were in attendance.
- 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 provider was aware of and complied with the requirements of the Duty of Candour.

There areas where the provider must make improvements are:

- Complete a risk assessment regarding not having a defibrillator on the premises and the potential safety implications this could have.

The areas where the provider should make improvement are:

Summary of findings

- Review the reinstatement of the patient participation group (PPG) as a means of collecting patient feedback into the services that the practice is providing.
- Review the recruitment process to ensure that at least two references are requested when employing new staff members.
- Review policies and procedures so they are kept up to date and include review dates.
- Continue to monitor the demand for appointments to ensure that there remains to be little or no demand for extended hours appointments.
- Review the prevalence of Chronic Obstructive Pulmonary Disease and Chronic Heart Disease.
- Review arrangements for patients to access a male GP.

Letter from the Chief Inspector of General Practice

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.

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

However

- Not all staff had two references on file.
- The Practice did not have access to a defibrillator on the premises and had not appropriately risk assessed this decision.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Staff understood their patient demographic and local needs and held special clinics to address them.
- 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 patients' needs.

Good



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 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 saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

Good



The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. This included taking part in the local HUB service, which provided out of hours and weekend appointments to patients.
- 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

Are services well-led?

Good



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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures although not all of these were up to date, 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 provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of

Summary of findings

openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.

- The practice sought feedback from patients through the use of a suggestions box, the friends and family test as well as regularly reviewing comments from NHS choices and the national GP survey. The practice had plans in place to relaunch its patient participation group.
- There was a strong focus on continuous learning and improvement at all levels.

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.
- The practice is a part of the avoiding unplanned admissions direct enhanced service, which means older people have personalised care plans and a named GP and are followed up within three days of being discharged from hospital.
- The practice had reviewed 93% of its elderly population in the past 12 months.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.

Good



People with long term conditions

The practice is rated as good for the care of 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 on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 96% compared with the national average of 88%.
- 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 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.

Good



Summary of findings

- 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.
- The percentage of women aged 25-64 whose notes record that a cervical screening test had been performed in the preceding 5 years was 75% compared with a national average of 81%.
- Appointments were available outside of school hours and the premises were suitable for children and babies and dedicated children's chronic disease clinics were held during the school holidays.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services, the first and last appointments each day were online bookable, as well as a full range of health promotion and screening that reflected 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, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- 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.

Good



Summary of findings

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).

- 88% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was comparable to the national average of 84%.
- The percentage of patients with physical and/or mental health conditions whose notes recorded smoking status in the preceding 12 months was 92%, which was comparable to the national average of 95%.
- The practice regularly worked with multi-disciplinary teams in the case management of people 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.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published on 2 July 2015. The results showed the practice was performing in line with local and national averages. Four hundred and thirty survey forms were distributed and 115 were returned. This represented 3% of the practice's patient list.

- 62% found it easy to get through to this surgery by phone compared to a CCG average of 62% and a national average of 73%.
- 81% were able to get an appointment to see or speak to someone the last time they tried (CCG average 79%, national average 85%).
- 68% described the overall experience of their GP surgery as fairly good or very good (CCG average 77%, national average 85%).

- 65% said they would definitely or probably recommend their GP surgery to someone who had just moved to the local area (CCG average 68%, national average 77%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 28 comment cards which were all positive about the standard of care received. There was a recurring theme of the practice staff being friendly and care being delivered in a caring and understanding manner.

We spoke with four patients during the inspection. All four patients said they were happy with the care they received and thought staff were approachable, committed and caring. The practice's friends and family test results also showed that patients were happy with the level of care they received and would recommend the practice to others.

Areas for improvement

Action the service MUST take to improve

There are areas where the provider must make improvements are:

- Complete a risk assessment regarding not having a defibrillator on the premises and the potential safety implications this could have.

Action the service SHOULD take to improve

The areas where the provider should make improvement are:

- Review the reinstatement of the patient participation group (PPG) as a means of collecting patient feedback into the services that the practice is providing.

- Review the recruitment process to ensure that at least two references are requested when employing new staff members.
- Review policies and procedures so they are kept up to date and include review dates.
- Continue to monitor the demand for appointments to ensure that there remains to be little or no demand for extended hours appointments.
- Review the prevalence of Chronic Obstructive Pulmonary Disease and Chronic Heart Disease.
- Review arrangements for patients to access a male GP.

Leyton Green Neighbourhood HS

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 second CQC inspector and a practice manager specialist adviser.

Background to Leyton Green Neighbourhood HS

Leyton Green Neighbourhood Health Service is located in a residential area of East London and is a part of Waltham Forest CCG. The practice is based in a converted house. There were 3692 patients registered with the practice.

The practice has two female partners (2 whole time equivalents) and one female nurse and nurse practitioner (1.51 whole time equivalents). There was one female health care assistant, one practice manager and five reception/administrative staff members. The practice is a training practice for final year medical students and operated under a General Medical Services Contract.

The practice is open Monday to Friday 9:00am to 6:30pm, the phone lines are open from 9:00am, appointment times were as follows:

- Monday 9:30am to 12:30pm and 3:00pm to 5:00pm.
- Tuesday 9:30am to 12:30pm and 3:30pm to 6:00pm
- Wednesday 9:30am to 11:30pm and 2:30pm to 5:00pm
- Thursday 9:30am to 12:30pm. Doors closed at 1:00pm

- Friday 09:30am to 12:30pm and 3:00pm to 6:30pm

The out of hours provider covers telephone calls made whilst the practice is closed.

Leyton Green Neighbourhood Health Service operates regulated activities from one location and is registered with the Care Quality Commission to provide diagnostic and screening procedures, family planning, maternity and midwifery services and treatment of disease disorder or injury.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme. This location had not been previously inspected.

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

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 24 November 2015. During our visit we:

- Spoke with a range of staff including GP's, nurses, practice manager and administration staff, we also 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 there was a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of incidents and significant events.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, we saw two searches, one for patients being prescribed diclofenac and another for patients being prescribed fibogel there were minutes available where the patients safety alert relating to these two medicines were discussed.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again. For example we saw an incident involving a 77 year old patient who had abnormal blood results that were not actioned within an appropriate amount of time, an apology was given to the patient, the incident was discussed at a practice meeting, where it was agreed that the practice would have a rota of GPs to check outstanding results as an extra failsafe, this was reviewed and showed that the new system worked. We saw there were no outstanding test results on the clinical system.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse 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. The practice nurse was the 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 Safeguarding level 3 as were the practice nurses.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones had received in-house training 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. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. She received mentorship and support from the medical staff for this extended role. Patient Group Directions 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 to enable Health Care Assistants to administer vaccinations after specific training when a doctor or nurse were on the premises.
- We reviewed six personnel files and found recruitment checks had been undertaken prior to employment. For

Are services safe?

example, proof of identification, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service were in place.

- 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.

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 to all staff members. The practice carried out six monthly fire drills where the building evacuation was timed and we saw evidence of the practice's fire lights being tested at least monthly. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed

to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty, all staff members booked annual leave at least four weeks in advance.

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 did not have a defibrillator available on the premises and had not completed a risk assessment regarding the need to have one, there was oxygen available 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. 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.

- 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 peoples' needs.
- The practice monitored that these guidelines were followed through regular clinical meetings.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 96% of the total number of points available, with 9% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

- Performance for diabetes related indicators was above the national average. For example the percentage of patients on the diabetes register with a record of a foot examination and risk classification within the preceding 12 months was 96% compared with a national average of 88%.
- The percentage of patients with hypertension having regular blood pressure tests was similar to the national average at 85% compared with a national average of 83%.
- Performance for mental health related indicators was similar to the CCG and national average, for example the percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 87% compared with a national average of 84%.

There were a few QOF indicators which were significantly worse than the national averages, for example the ratio of reported versus expected prevalence for coronary heart disease was half of the national average and chronic obstructive pulmonary disease was a third of the national average. The practice were aware of this but stated that they found it hard to increase the prevalences. The percentage of patients aged 65 and older who have received a seasonal flu vaccinations was also significantly lower than the national average at 62% compared with 73%. The practice was actively trying to increase this by putting on special clinics for the mandarin population with interpreters as they had a large number of mandarin speaking patients. In addition all clinical staff gave opportunistic flu vaccinations and the practice displayed literature in different languages to raise awareness.

Clinical audits demonstrated quality improvement.

- There had been four clinical audits conducted in the last year, two of these were completed two cycle audits where the improvements made were implemented and monitored. One audit looked at inhaler prescribing in asthmatics switching patients from seretide to fostair and achieved a 42% decrease of patients on seretide, along with only 50% of patients being prescribed acutely compared with 95%.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result included antibiotic prescribing audits, which led to a decrease in antibiotic prescribing and also the practice prescribing came into line with the CCG's preferred antibiotic prescribing list.

Information about patients' outcomes was used to make improvements such as provide in house smoking cessation clinics even when the funding for this ceased, as data showed that patient quit rates were higher when consultations were carried out in practice compared to when referred to external services.

Effective staffing

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

Are services effective?

(for example, treatment is effective)

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety, basic life support and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence for example cervical screening audits and staff attended regular updates. Staff who administered vaccinations 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 and clinical meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months and we saw evidence of appraisals going back five years.
- 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 patients to other services.

Staff worked together and with other health and social care services 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. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that 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, recorded the outcome of the assessment.

Supporting patients to live healthier lives

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 and those requiring advice on their diet, smoking and alcohol cessation and patients with a cancer diagnosis. Patients were then signposted to the relevant services.
- A dietician was available and smoking cessation advice was available on the premises.
- The practice had a high Mandarin speaking population and held Hepatitis B clinics, flu clinics and health check clinics for that population where interpreters attended and used the clinic as education sessions.

The practice's uptake for the cervical screening programme was 75%, which was comparable to the CCG average of 78% and the national average of 81%. There was a policy to offer text reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme

Are services effective?

(for example, treatment is effective)

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.

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 91% to 100% and five year olds from 82% to 98%.

Flu vaccination rates for the over 65s were 62%, and at risk groups 39%. These were also comparable to CCG and 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 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 29 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. 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 above the CCG and national averages for many of its satisfaction scores on consultations with GPs and nurses. For example:

- 82% said the GP was good at listening to them compared to the CCG average of 83% and national average of 89%.
- 80% said the GP gave them enough time (CCG average 80%, national average 87%).
- 92% said they had confidence and trust in the last GP they saw (CCG average 91%, national average 95%).
- 76% said the last GP they spoke to was good at treating them with care and concern (CCG average 78%, national average 85%).

- 74% said the last nurse they spoke to was good at treating them with care and concern (CCG average 84%, national average 91%).
- 78% said they found the receptionists at the practice helpful (CCG average 84%, national average 87%).

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback 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:

- 76% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 80% and national average of 86%.
- 72% said the last GP they saw was good at involving them in decisions about their care (CCG average 74%, national average 82%).
- 75% said the last nurse they saw was good at involving them in decisions about their care (CCG average 79%, national average 85%).

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

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 1% of the practice list as carers. Written information was available to direct carers to the various avenues of support available to them.

Are services caring?

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 to meet the family's needs and/or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice was a part of a local network of practices who have joined together to provide their patients out of hours and weekend appointments.

- The practice did not offer extended hours appointments as there had been limited demand when previously offered. Patients had requested more access during the day, so extra day time sessions had been added.
- There were longer appointments available for patients with a learning disability, patients who did not have English as a first language and patients with complex needs.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS.
- There were disabled facilities and translation services available.
- All clinical staff in the practice were female, we were told that if necessary the out of hours locally provided GP service was offered to patients as a means of having access to a male GP, it was also noted there was no demand for a male GP.

Access to the service

The practice was open Monday to Friday 9:00am to 6:30pm, the phone lines were open from 9:00am, appointment times were as follows:

- Monday 9:30am to 12:30pm and 3:00pm to 5:00pm.
- Tuesday 9:30am to 12:30pm and 3:30pm to 6:00pm
- Wednesday 9:30am to 11:30pm and 2:30pm to 5:00pm
- Thursday 9:30am to 12:30pm. Doors closed at 1:00pm
- Friday 09:30am to 12:30pm and 3:00pm to 6:30pm

The out of hours provider covered telephone calls made whilst the practice was closed.

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 comparable to local and national averages.

- 66% of patients were satisfied with the practice's opening hours compared to the CCG average of 71% and national average of 75%.
- 67% patients said they could get through easily to the surgery by phone (CCG average 61%, national average 73%).
- 51% patients said they always or almost always see or speak to the GP they prefer (CCG average 51%, national average 59%).

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

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager was responsible for handling all complaints in the practice.
- We saw that information was available to help patients understand the complaints system, this included information in the practice leaflet as well as complaints posters displayed in the patient waiting area.

We looked at three complaints received in the last 12 months and found that they were dealt with in a timely manner with openness and transparency. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. For example, a complaint was received about a telephone call being made by a receptionist about a two week wait referral where a patient was able to overhear patient sensitive information. An apology was given and reception functions were reassessed and confidential calls were taken away from the front desk, information governance training was completed by all reception staff and staff were regularly reminded about confidentiality processes.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had a mission statement and practice values which staff knew and understood.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- Clinical and internal audit which was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritise safe, high quality and compassionate care. The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.

When there were unexpected or unintended safety incidents:

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

- They kept written records of verbal interactions as well as written correspondence.

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

- Staff told us the practice held regular team meetings.
- 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 in doing so and felt supported if they did. We noted team away days were held every 12 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.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was a PPG which had not met in recent months, they carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the increase in day time clinics to meet demand and displaying local art work around the premises. On the day of inspection we spoke to a PPG member who expressed the need to get the group up and running again, we saw evidence that the practice had a plan in place to achieve this.
- The practice had gathered feedback from staff through staff away days and generally 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.

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 Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The provider did not have a defibrillator on the premises and there was no risk assessment carried out to identify and mitigate the risks to patients associated with not having a defibrillator available. This was in breach of regulation 12 (2) (a) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.