

# Green Cedars Medical Services

## Quality Report

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

## Ratings

Overall rating for this service	Good	
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Are services safe?	Good	
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Are services effective?	Requires improvement	
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Are services caring?	Good	
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Are services responsive to people's needs?	Good	
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Are services well-led?	Good	
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# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Green Cedars Medical Centre on 16 August 2016. Overall the practice is rated as good.

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

- Although some audits had been carried out, we saw no evidence that audits were driving improvements to patient outcomes.
- Exception reporting at the practice was much higher than the local and national averages.
- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.

- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

# Summary of findings

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

The area where the provider **MUST** make improvements is:

- Review clinical exceptions for all long term conditions to ensure they meet the clinical criteria for exception reporting.

The areas where the provider **SHOULD** make improvements are:

- Ensure there are quality assurance systems for identifying improvements in clinical care including two cycle completed clinical audits.

- Ensure all staff complete fire training on an annual basis.
- Ensure screens in clinical rooms are added to the cleaning schedule.
- Review audit systems in relation to prescription pads.
- Ensure the action plan in the infection control audit has a clear timescale for completion of issues identified.
- Review how patients with caring responsibilities are identified and recorded on the patient record system to ensure information, advice and support is made available to them.

**Professor Steve Field CBE FRCP FFPH FRCGP**

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

Good



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

### Are services effective?

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

Requires improvement



- There was limited evidence of the practice using clinical audit to drive improvements in patient outcomes.
- Exception reporting at the practice was much higher than the local and national averages.
- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were in line with local and national averages. For example, The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months was 93% compared to the CCG average and national average of 90%.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all members of staff.

### Are services caring?

The practice is rated as good for providing caring services.

Good



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

# Summary of findings

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- 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.
- Online appointments and prescription services were available.

Good



## Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- All staff had received inductions and received regular performance reviews.

Good



# Summary of findings

## The six population groups and what we found

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

### Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- All patients over the age of 75 had a named GP.
- Longer appointments were available when needed.

### People with long term conditions

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

Good



- The practice nurse had a lead role in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 97% compared to the CCG average of 86% and 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.

### Families, children and young people

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

Good



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

# Summary of findings

- The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the three Royal College of Physicians questions was 82% compared to the CCG average of 76% and the national average of 75%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- Same day appointments always made available for children and young people.

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

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice offered telephone consultations should they be required as well as follow up.
- NHS health checks offered for patients aged 40 to 74.

Good



## People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- 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).

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

Good





# Summary of findings

## What people who use the service say

The national GP patient survey results were published on January 2016. The results showed the practice was performing above the national average for most areas. A total of 410 survey forms were distributed and 109 were returned. This represented 1.82% of the practice's patient list.

- 85% of patients found it easy to get through to this practice by phone compared to the CCG average of 67% and the national average of 73%.
- 75% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 69% and the national average of 76%.
- 92% of patients described the overall experience of this GP practice as good compared to the CCG average of 81% and the national average of 85%.
- 83% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 73% national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection.

We received 17 comment cards which were all positive about the standard of care received, and the availability of appointments. However, three of the comments cards noted that it can sometimes be difficult to get emergency, same day appointments or difficult to access the practice by telephone. These three patients also commented that routine appointments are usually obtained within two working days and that the clinicians provide a caring service. On the day of our inspection we reviewed the appointment system and found that there were emergency appointments available on the day. Staff told us that GPs would not turn away patients in clinical need of an emergency appointment and that these appointments were triaged by clinicians.

We spoke with two patients during the inspection. The patients we spoke to said they were satisfied with the care they received and thought staff were approachable, committed and caring. We were told that phone access to the practice was good and that same day emergency appointments were available. Routine appointments were normally available within two to three working days and patients felt listened to by clinical staff during their consultations.

## Areas for improvement

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

- Review clinical exceptions for all long term conditions to ensure they meet the clinical criteria for exception reporting.

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

- Ensure there are quality assurance systems for identifying improvements in clinical care including two cycle completed clinical audits.
- Ensure all staff complete fire training on an annual basis.

- Ensure screens in clinical rooms are added to the cleaning schedule.
- Review audit systems in relation to prescription pads.
- Ensure the action plan in the infection control audit has a clear timescale for completion of issues identified.
- Review how patients with caring responsibilities are identified and recorded on the patient record system to ensure information, advice and support is made available to them.

# Green Cedars Medical Services

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team also included a GP specialist adviser.

## Background to Green Cedars Medical Services

The Green Cedar Medical Centre practice is located in Edmonton, North London within the NHS Enfield Clinical Commissioning Group. The practice holds a General Medical Services contract (an agreement between NHS England and general practices for delivering primary care services to local communities). The practice provides a full range of enhanced services including childhood vaccination and immunisation, improving patient online access, influenza and pneumococcal, minor surgery, risk profiling and case management, and rotavirus and shingles immunisation.

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

The practice had a patient list size of approximately 5,961 at the time of our inspection.

The staff team at the practice included one Principal GP (male), one salaried GP (female) and two regular locum GPs (one female, one male) one practice nurse (female), one

locum nurse (female) one healthcare assistant (female) and one practice manager. The practice had six administrative staff, one translator and one security guard. There were 19 GP sessions and five nurse sessions available per week.

The practices opening hours are:

- Monday to Friday from 9.00am to 6.00pm (with the exception of first Thursday of each month when the practice closes at 1.00pm for staff training)

Appointments with GPs are available at the following times:

- Monday to Friday from 9.00am to 1.00pm and 3.00pm to 6.00pm (with the exception of the first Thursday of each month when appointments are available from 9.00am to 1.00pm)

The practice telephone lines are open:

- Monday to Friday from 8.30am to 1.00pm and 2.00pm to 6.30pm

Outside of these times patients are seen by a local out of hours provider.

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

# Detailed findings

## Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme. This practice was previously inspected in September 2014 and found to be compliant with all standards applicable at the time.

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

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 16 August 2016. During our visit we:

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

- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

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

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

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, we reviewed a significant event regarding the a needle stick injury. We saw the practice adhered to the infection control guidance and followed the process for recording, investigating and learning from significant events. As a result information was put in clinical rooms to prevent a similar incident from taking place and staff were made aware of the learning.

### Overview of safety systems and processes

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

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

concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. All of the GPs were trained to child safeguarding level 3, the practice nurse was trained to child safeguarding level 2 and administration staff were trained to child safeguarding level 1.

- A notice in the practice advising patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result and acted upon accordingly. For example, the most recent infection control audit identified areas where improvements were required such as taps in the treatment room to conform with infection control guidelines. These had been replaced. However the action plan for the infection control audit did not have timescales for improvements or indicate whether improvements had been made once completed.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank

## Are services safe?

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

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

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments, however the practice was unable to provide evidence that staff had received fire training. Following the inspection the practice sent evidence to show that a date had been set for fire training for all members of staff. We found evidence that electrical equipment was checked to ensure the equipment was safe to use. We saw evidence that clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place

to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

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

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises. Oxygen with adult and children's masks were kept at the practice. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. There was a formal mechanism in place for the reordering and recording of emergency medicines.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 96.6% of the total number of points available (exception reporting rate 16.6%). (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets, however the exception reporting rate for most domains was significantly higher than both the local and national average. Data from 2014/15 showed:

- Performance for diabetes related indicators was in with the national average. For example, the percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months was 91% (exception reporting rate of 27.58%) compared to the CCG average of 74% and the national average of 78%.
- Performance for mental health related indicators was above the national average. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a

comprehensive, agreed care plan documented in the record, in the preceding 12 months was 95% (12% exception reporting) compared to the CCG and national average of 88%.

- Performance for hypertension related indicators was in line with the national average. For example, the percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less was 84% (exception reporting rate of 9.84%) compared to the CCG average of 81% and national average of 84%.
- Performance for dementia related indicators was in with the national average. For example, the percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months was 89% (10% exception reporting) compared to the CCG and national average of 84%.

On the day of inspection we were unable to verify the rationale behind the high exception reporting rates for most domains under QOF. The practice did provide us with the most up to date unpublished figures which showed a slight decrease in exception reporting, for example:

- Diabetes – exception reporting at the time of inspection was 25.95% compared to 27.58% at the end of 2014/15. We did see evidence that a diabetes education event was being held by the practice to focus on improving care or patients and raising awareness of the illness and its risks. We also saw evidence of clinical discussions to improve attendance of diabetic eye screening appointments however the outcomes of these improvements were not available on the day of our inspection.
- Dementia – exception reporting at the time of inspection was 9.10% compared to 10% at the end of 2014/15

The unpublished information also showed a large increase in exception reporting for mental health and hypertension, for example:

- Mental health – exception reporting at the time of inspection was 18.90% compared to 12% at the end of 2014/15



# Are services effective?

## (for example, treatment is effective)

- Hypertension - exception reporting at the time of inspection was 16.40% compared to 9.84% at the end of 2014/15

There was limited evidence of quality improvement including clinical audit.

- There had been four clinical audits conducted in the last two years, one was a completed two cycle audit based focusing on vitamin D deficiency. The remaining three audits were due to be completed towards the end of 2016.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. On the day of inspection we saw evidence that the Health Care Assistant had completed role specific training such as respiratory training, diabetic training, dietary and weight management training and wound healing training.
- 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 meetings and reviews of practice development needs and staff appraisals. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. We saw evidence that staff had been formally appraised within the last 12 months.

- Staff received training that included: safeguarding, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training. The practice provided evidence that all staff were booked on a fire training course in October 2016.

### Coordinating patient care and information sharing

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

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

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs. For example, we saw evidence of one GP following up concerns regarding a the care of a vulnerable patient by a clinician outside of the practice. The concerns raised led to a second opinion and multi-agency review of the patient which resulted in a robust care plan being put in place.

### 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.

# Are services effective?

(for example, treatment is effective)

## 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 and patients were signposted to the relevant service.

The practice's uptake for the cervical screening programme was 81% compared with the CCG average of 81% and national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. There were failsafe systems in place to ensure results were received for all samples sent for the

cervical screening programme and the practice followed up women who were referred as a result of abnormal results. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccines given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccines given to under two year olds ranged from 7% to 91% (CCG average 10% to 80%) and five year olds from 59% to 92% (CCG average 65% to 86%).

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



# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

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

All of the 17 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. Comment cards also highlighted that staff responded compassionately when they needed help and provided support when required.

We were unable to speak with a member of the patient participation group (PPG) on the day of inspection. However, we did review PPG meeting minutes and saw suggestions made for improvements to the service had been acted on by the practice.

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

- 91% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 85% and the national average of 89%.
- 86% of patients said the GP gave them enough time compared to the CCG average of 82% and the national average of 87%.

- 94% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and the national average of 95%.
- 82% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 81% and the national average of 85%.
- 87% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 85% and the national average of 91%.
- 95% of patients said they found the receptionists at the practice helpful in line with the CCG average of 85% and the national average of 87%.

### Care planning and involvement in decisions about care and treatment

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

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

- 84% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 82% and the national average of 86%.
- 79% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 76% and the national average of 82%.
- 85% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 85% and the national average of 91%.

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

## Are services caring?

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

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

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 51 patients as carers (less than 1% of the practice list). Written information was available to direct carers to the various avenues of support available to them.

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

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

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

- The practice did not offer a 'Commuter's Clinic' for working patients who could not attend during normal opening hours, however telephone consultations and e-mail consultations were available.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation. Staff told us that patients were very rarely turned away when walking into the practice requesting to see a nurse or GP without an appointment.
- Patients were able to receive travel vaccines available on the NHS and were referred to other clinics for vaccines available privately.
- Translation services were available as well as the practice manager being a registered British sign language translator.
- There were disabled facilities and a hearing loop.

### Access to the service

The practice was open Monday to Friday from 9.00am to 6.00pm. Appointments could be booked up to four weeks in advance; urgent appointments were also available for people that needed them.

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

- 75% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and the national average of 78%.
- 85% of patients said they could get through easily to the practice by phone compared to the CCG average of 67% and the national average of 73%.

People told us on the day of the inspection that they were able to get appointments when they needed them usually within two to three working days.

The practice had a system in place to assess:

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

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

### Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. The practice manager was the designated responsible person who handled all complaints in the practice. We saw that information was available to help patients understand the complaints system in the form of leaflets in reception.

We looked at a total of seven complaints received in the last 12 months and found lessons were learnt from individual concerns and complaints and also from analysis of trends and action were taken to as a result to improve the quality of care. For example, we reviewed a complaint regarding a patient referral. The practice investigated and responded to the complainant in line with practice policy. We saw evidence that learning was shared with members of staff.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

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

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

### Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- There were arrangements in place to ensure all staff had regular appraisal plans.
- There was limited evidence of quality improvement, including clinical audit and responding to QOF performance. Exception reporting remained high for a number of indicators.
- The practice kept clear audit trails of staff meetings, clinical meetings and multi-disciplinary meetings.

### Leadership and culture

On the day of inspection the principal GP in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. The principal GP told us they prioritised safe, high quality

and compassionate care. Staff told us the GPs at the practice were approachable and always took the time to listen to all members of staff. We observed staff working well together and supporting one another.

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 principal GP encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

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

- Staff told us the practice held regular team meetings. These included both clinical and non-clinical staff. Staff told us that where external meetings had taken place such as multidisciplinary discussions information that was useful was shared via email in order to keep all staff involved in decisions that had been made or changes within the local CCG. We saw evidence of regular written updates to all staff.
- 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. 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.

# Are services well-led?

Good 

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG requested the practice record the name of all individuals collecting prescriptions. As a result the practice introduced a prescription collection book where patients sign and date when collecting prescriptions.
- The practice had gathered feedback from staff through staff meetings, appraisals and informal discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.
- Staff told us that any concerns they shared were acted upon. For example, staff felt unsafe after several incidents in the reception area with aggressive members of the public. As a result the practice hired a security guard to ensure the safety of staff and patients.

## 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 Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>How the regulation was not being met:</b></p> <p>The provider did not do all that was reasonably practicable to assess, monitor and improve the quality and safety of the services provided by (including the quality of the experience of service users in receiving those services):</p> <ul style="list-style-type: none"><li>• Failing to take appropriate action to investigate the reason for a high exception reporting in relation to the management of patients with long term conditions.</li></ul> <p>This was in breach of regulation 17 (1) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>