Abney House Medical Centre

Quality Report

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Date of inspection visit: 5 November 2015
Date of publication: 18/02/2016

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

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Abney House Medical Centre on 5 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 with the exception of those relating to recruitment checks, Control of Substances Hazardous to Health (COSHH) assessments and fire safety.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients we spoke with told us said they were treated with compassion, dignity and respect. This aligned with national patient survey results.
- Information about services and how to complain was available and easy to understand.
- Data from the latest national GP patient survey suggested it was easy to make an appointment with a named GP and that urgent, same day appointments were available.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

The areas where the provider must make improvements are:

- Ensure adequate fire safety arrangements are in place including a comprehensive annual fire safety risk assessment, fire alarm servicing and fire evacuation drills.

Summary of findings

- Ensure that appropriate recruitment checks are undertaken and records are kept for all staff including DBS checks for non clinical staff undertaking chaperone duties.

The areas where the provider should make improvement are:

- Complete risk assessments regarding Control of Substances Hazardous to Health (COSHH).
- Introduce a clinical waste policy.
- Undertake staff training and periodic water temperature monitoring in accordance with the practice legionella risk assessment action plan.
- Ensure that infection prevention and control training is cascaded to all staff.

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?

Requires improvement

The practice is rated as requires improvement for providing safe services as there are areas where improvements must be made.

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve and maintain safety in the practice.
- The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse.

Risks to patients were assessed and well managed with the exception of those relating to the absence of recruitment checks, COSHH and fire safety assessments.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data showed patient outcomes were generally at or above average for the locality.
- Clinical audits demonstrated quality improvement.
- 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 staff.

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

Are services caring?

Good

The practice is rated as good for providing caring services.

- Patients said they were treated with compassion, dignity and respect and that they were involved in decisions about their care and treatment.
- This aligned with patient survey data which rated the practice higher than others for several aspects of care.
- Information for patients about the services available was easy to understand and accessible.
- Staff treated patients with kindness and respect, and maintained confidentiality.
- There was sufficient information available to help patients understand the services available to them.

Summary of findings

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- It had reviewed the needs of its local population and tailored services accordingly. For example, staff spoke a range of local community languages.
- The practice had good facilities and was well equipped to treat patients and meet their needs. For example, there were baby changing facilities, disabled facilities and interpreting services available.
- Data from the latest national GP patient survey suggested it was easy to make an appointment with a named GP and that urgent, same day appointments were available. This aligned with the views of patients with whom we spoke.
- Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff.

Are services well-led?

Good

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

- It had a clearly stated vision and strategy to provide personalised care for its patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care.
- Systems were in place to monitor and improve quality and identify risk with the exception of those relating to recruitment checks, Control of Substances Hazardous to Health (COSHH) assessments and fire safety.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group (PPG) was active.
- There was a strong focus on continuous learning and improvement at all levels within the practice. For example, clinical audits were used to drive improvements in patient outcomes. Significant events analyses were used to improve and maintain patient safety.

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

Good

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

- Performance for dementia related indicators was 100% which was above the CCG average by 3.2% and above the national average by 5.5%.
- A register of all patients over 75 years of age was kept and they had a named GP.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Patients we spoke with from this population group were positive about the care they received.

People with long term conditions

Good

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

- Patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was 91.2% which was below the CCG average by 2.4% and above the national average by 2.7%.
- Longer appointments and home visits were available when needed.
- All patients had a named GP and a structured annual review to check that their health and medicines needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- Patients we spoke with from this population group were positive about the care they received.

Families, children and young people

Good

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 for all standard childhood immunisations were comparable to local and national averages.

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 practice's uptake for the cervical screening programme was 70% which was below the national average. The practice was aware of this variation and had reviewed its patient recall systems to improve uptake rates.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice set aside daily morning appointment slots for patients aged six and under.

Working age people (including those recently retired and students)

Good

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 reflected the needs for this age group.
- Late evening appointments were offered on Mondays and Thursdays evenings to address the needs of working aged people.

People whose circumstances may make them vulnerable

Good

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 those with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- It had systems in place to refer vulnerable patients to 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.

Summary of findings

People experiencing poor mental health (including people with dementia)

Good

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

- 100% of patients diagnosed with dementia had had their care reviewed in a face-to-face review in the preceding 12 months
- 100% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in their record in the preceding 12 months compared with the 89% national average.
- The practice regularly worked with multi-disciplinary teams in the case management of people 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.
- It had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support people with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published on 4 July 2015. They showed the practice was performing generally above local and national averages. There were 450 survey forms distributed for Abney House Medical Centre and 81 forms were returned. This is a response rate of 18%.

- 86% found it easy to get through to this surgery by phone compared to a CCG average of 72% and a national average of 73%.
- 88% found the receptionists at this surgery helpful (CCG average 87%, national average 87%).
- 89% were able to get an appointment to see or speak to someone the last time they tried (CCG average 84%, national average 85%).
- 89% said the last appointment they got was convenient (CCG average 88%, national average 92%).
- 80% described their experience of making an appointment as good (CCG average 72%, national average 73%).
- 72% usually waited 15 minutes or less after their appointment time to be seen (CCG average 62%, national average 65%).

We also spoke with two members of the practice's patient participation group and received 10 completed CQC patient comment cards. Feedback was positive about the service experienced. Feedback was positive regarding, for example, the standard of care received and the cleanliness of the practice.

Areas for improvement

Action the service MUST take to improve

- Ensure adequate fire safety arrangements are in place including a comprehensive annual fire safety risk assessment, fire alarm servicing and fire evacuation drills.
- Ensure that appropriate recruitment checks are undertaken and records are kept for all staff including DBS checks for non clinical staff undertaking chaperone duties.

Action the service SHOULD take to improve

- Complete risk assessments regarding Control of Substances Hazardous to Health (COSHH).
- Introduce a clinical waste policy.
- Undertake staff training and periodic water temperature monitoring in accordance with the practice legionella risk assessment action plan.
- Ensure that infection prevention and control training is cascaded to all staff.

Abney House Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector**.** The team included a GP specialist advisor and a second inspector.

Background to Abney House Medical Centre

Abney House Medical Centre is located in Hackney, East London. The practice has a patient list of approximately 2,800. Eight percent of patients are aged under 18 (compared to the national practice average of 14.8%) and 8% are 65 or older (compared to the national practice average of 17%). Thirty eight percent of patients have a long- standing health condition, whilst 16% have carer responsibilities.

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

The staff team comprises one male senior GP (10 sessions per week), two female long term locum GPs (3 sessions each per week), a female practice nurse (2 sessions per week), a male health care assistant (6 sessions per week), a practice manager and administrative/reception staff.

The practice holds a General Medical Service (GMS) contract with NHS England for delivering general medical services and is the commonest form of GP contract.

The practice's opening hours are:

- Monday: 9am-1pm and 3pm-7:30pm
- Tuesday: 9am -1pm and 2pm-6:30pm
- Wednesday: 9am-1pm and 3pm-6:30pm
- Thursday: 9am -1pm and 3pm-7:30pm
- Friday: 9am-1pm and 3pm - 6pm

Appointments are available at the following times:

- Monday:9:10am-12.20pm and 4pm-7:20pm
- Tuesday: 9:10am-12.20pm and 3pm-6:20pm
- Wednesday: 9:10am-12.20pm and 4pm-6:20pm
- Thursday: 9:10am-12.20pm and 4pm-7:15pm
- Friday: 9:10am-12.20pm and 3:30pm-6pm

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

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

Why we carried out this inspection

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

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

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 5 November 2015. During our visit we:

- Spoke with a range of staff including the senior GP, locum GP, practice nurse, practice manager and reception staff and spoke with patients who used the service.
- Reviewed the personal care or treatment records of patients.
- Reviewed 10 comment cards which had been completed by patients in advance of our inspection.

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

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

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

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

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

Requires improvement

Are services safe?

Our findings

Safe track record and learning

There were systems in place for reporting, recording and learning from significant events so as to improve or maintain patient safety as necessary.

- Staff were aware of what constituted a significant event and told us they would inform the practice manager of any incidents. Recording forms were available.
- Records showed that ten significant events had been recorded in the last 18 months. They showed clear learning outcomes and subsequent evidence of changes in how the service was delivered, so as to improve patient safety.

For example, one incident related to the practice being unaware that the NHS111 service had amended its systems so that details of patients accessing their service overnight or at weekends were now being sent via the practice's generic email address and not, as previously, by fax. The generic email address was not regularly checked and the practice were therefore unaware that a vulnerable patient had accessed the 111 service. The patient was admitted to hospital two days later. Records showed that this incident had been discussed at a team meeting and a staff member was assigned to check the generic email address on a daily basis.

Safety was monitored using information from a range of sources including National Institute for Health and Care Excellence (NICE) guidance. This enabled staff to understand risks and gave a clear, accurate and current picture of safety. Safety alerts were disseminated to relevant staff via email.

Overview of safety systems and processes

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

- Arrangements in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies that were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to safeguarding level 3 and practice nurse to level 2.
- A notice in the waiting room advised patients that nurses would act as chaperones, if required. The practice nurse and receptionists acted as chaperones and were trained in this role. However, only the practice nurse had received a disclosure and barring service check (DBS check). DBS
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. There was an infection control protocol in place. Cleaning schedules were in use. The senior GP was the infection prevention and control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. They had received online training within the last 12 months as had the practice nurse but there was no evidence that this had been cascaded to other staff. Annual infection prevention and control (IPC) audits were undertaken. The last audit had taken place in February 2015 and we saw evidence that action was taken to address any improvements identified as a result. For example, sharps bins were signed and listed their date of assembly. However, the practice had not yet introduced a clinical waste policy in accordance with the audit's action plan.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions (PGDs) had been adopted by the practice to allow the nurse to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions (PSDs) to enable the Health Care Assistant to administer vaccinations.

PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for

treatment. PSDs are written instructions from a qualified and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis.

- We reviewed the personnel files of the two locum GPs. Recruitment checks had been undertaken prior to employment for example, proof of identification, DBS checks, qualifications and registration with the appropriate professional body although references were not on file. We were advised that references would be obtained.
- There were no recruitment checks on file for the health care assistant or practice nurse; other than DBS checks and Hepatitis B immunisation status.
- We looked at three non clinical staff member's personnel records and noted that only one contained proof of identity and that none contained references. We were told that two of the staff members had been working at the practice for nine years or more. We were further told that reception staff undertook chaperone duties but records showed that only one member of staff had undergone a DBS check.

Monitoring risks to patients

Risks to patients were assessed and 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. All electrical equipment had been checked within the last twelve months to ensure it was safe to use. Clinical equipment had also been checked and calibrated to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as infection prevention and control. The practice had not undertaken Control of Substances Hazardous to Health (COSHH) assessments. A legionella risk assessment had taken place in December 2014 but the practice had not yet implemented the staff training and periodic water temperature monitoring listed in the action plan.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There were rota systems in place for the different staffing groups to ensure that enough staff were on duty and able to undertake clinical; and non clinical tasks as necessary.
- The practice had undertaken a fire risk assessment in June 2014 but we noted that this was not comprehensive in its scope. The practice did not carry out annual fire evacuation drills and the practice's fire alarm had not been serviced within the last 12 months.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to most 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 centrally available in a treatment room.
- Emergency medicines were easily accessible to staff in a secure area of the practice and staff we spoke with knew of their location. All the medicines we checked were in date and fit for use and we noted that it was the responsibility of one of the practice nurses to regularly check expiry dates.
- 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.
- The practice had oxygen with adult and children's masks. There was also a first aid kit and accident book available. The practice had an automated external defibrillator (AED) available on the premises (a portable electronic device that delivers an electrical shock to attempt to restore a normal heart rhythm) but we noted that it was not working. The practice immediately withdrew the unit from service. Shortly after our inspection we were sentevidence confirming that a new AED had been purchased.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards including National Institute for Health and Care Excellence (NICE) best practice guidelines. Staff had paper and electronic access to these guidelines and they were used to support delivery of care and treatment that met peoples' needs. For example, GPs used NICE rapid referral guidelines to ensure prompt referrals in suspected cancer cases.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results at the time of our inspection were 94% of the total number of points available, with 7.5% 'exception reporting.' QOF includes the concept of exception reporting to ensure that practices are not penalised where, for example, patients do not attend for review, or where a medicine cannot be prescribed due to a side-effect. This practice was not an outlier for any QOF (or other national) clinical targets. Latest available data at the time of our inspection showed:

- Performance for diabetes related indicators was 92% which was below the CCG average by 2.4% and above the national average by 2.7%.
- Performance for hypertension related indicators was 100%; which was in line with the CCG average and above the national average by 2.2%.
- Performance for mental health related indicators was 100%; which was above the CCG average by 7.3% and above the national average by 7.2%.
- Performance for dementia related indicators was 100%; which was above the CCG average by 3.2% and above the national average by 5.5%.

Clinical audits demonstrated quality improvement.

- There had been two audits conducted in the last 12 months and the practice could evidence how improvements in patient outcomes had been implemented and monitored.
- Findings were used by the practice to improve services. For example, one audit completed in March 2015 had aimed to reduce risks in patients with asthma; specifically those patients managing their condition using a specific group of medicines called Inhaled Corticosteroids which

Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, fire safety, health and safety and information governance.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff such as immunisation training for the practice nurse.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring people to other services.

Good

Are services effective?

(for example, treatment is effective)

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

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 GPs or the practice nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.

Health promotion and prevention

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

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

The practice's uptake for the cervical screening programme was 70% which was below the national average of 82%. When we asked the practice if they could account for this variation they told us that the patient population was highly transient. Staff team meeting minutes confirmed that the practice was reviewing its systems for contacting patients who did not attend for their cervical screening test to see where improvements could be made. It was also considering more opportunistic approaches. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening; and regularly audited its performance.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 88% to 97% and five year olds from 85% to 96% (compared to from 81% to 92% and 81% to 94% respectively for the local CCG). The practice regularly audited its childhood immunisation performance. Flu vaccination rates for the over 65s were 76% and at risk groups 52% (both comparable to national averages).

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

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that patients were treated in a friendly and courteous manner at all times, with most patients being greeted by name on sight. Members of staff conducted conversations in a manner that ensured patient privacy and dignity was maintained. Reception staff were kind and empathetic.

- Telephone calls were taken behind clear privacy screens and could not be overheard in the reception area or waiting room.
- Curtains were provided in consultation rooms so that patient's privacy and dignity was maintained during examinations and treatments. We noted that consultation room doors were closed during consultations and that conversation could not be overheard.

We received 10 completed patient CQC comment cards and all were entirely positive about the service experienced. Patients said that practice staff were friendly and helpful and that they were treated with care and respect. We also spoke with four patients and a carer during our inspection. They told us that GPs were very caring and regularly took extra time to ask them how their conditions were affecting them on an emotional and physical level. The carer with whom we spoke said that their GP was particularly diligent in taking plenty of time to explain medication and treatments and undertook medication reviews every time the patient experienced new symptoms or side effects.

We spoke with two members of the patient participation group (PPG). They told us that they were satisfied with the care provided by the practice and said that they considered all staff to be truly compassionate, empathetic and kind. They both spoke positively about how they felt the practice was empathetic and non-judgemental when patients held less conventional views about their own health and that the practice sought to support patients who wished to explore complimentary or alternative pathways.

We reviewed the most recent data available for the practice on patient satisfaction. This was extracted from the national patient survey published in July 2015. Patients were positive about how they were treated but we noted that scores were below CCG and national averages.

- 77% said the GP was good at listening to them compared to the CCG average of 86% and national average of 89%.
- 77% said the GP gave them enough time (CCG average 83%, national average 87%).
- 88% said they had confidence and trust in the last GP they saw (CCG average 93%, national average 95%)
- 78% said the last GP they spoke to was good at treating them with care and concern (CCG average 83%, national average 85%).
- 79% said the last nurse they spoke to was good at treating them with care and concern (CCG average 86%, national average 90%).
- 88% said they found the receptionists at the practice helpful (CCG average 87%, national average 87%).

There was a clearly visible notice in the patient reception area stating the practice's zero tolerance for abusive behaviour. Receptionists told us that referring to this had helped them diffuse potentially difficult situations. Staff were able to describe situations when patients had become abusive and explained how the reception team had managed to diffuse tension by respectfully reminding patients of this policy.

Care planning and involvement in decisions about care and treatment

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

Results from the national GP patient survey showed patients responded positively to questions on the extent to which tests and treatments were explained and on the extent to which they were involved in decisions about their care and treatment.

- 84% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83% and national average of 86%.
- 77% said the last GP they saw was good at involving them in decisions about their care (CCG average 78%, national average 81%).

Good

Are services caring?

Patients we spoke with on the day of our inspection told us that they felt involved in decision making about the care and treatment they received and that GPs were very careful to explain conditions and treatments in such a way as to make decision making a meaningful process. For instance, a patient with a long term condition told us that their GP routinely undertook a medication review after any significant changes in the type or dosage of medication in order to ascertain the effectiveness of the changes and any side effects. 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 they wished to receive. Patient feedback on the comment cards we received was also positive and aligned with these views.

Staff told us that interpreting and translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available. Staff spoke a range of local community languages.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room, on the TV screen and patient website told patients how to access a number of support groups and organisations. Examples included information signposting patients to support at times of bereavement, services which supported former military service personnel and information about resources available to survivors of domestic abuse.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 16% of the practice list as carers. Written information was available to direct carers to the various avenues of support available to them.

A carer told us their GP had offered them appointments on their own to talk about how being a carer affected them personally and had subsequently provided details of appropriate support organisations to help them to develop a support network and identify coping strategies.

Staff told us that if families had suffered bereavement, their usual GP contacted them. 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. The senior GP had attended end of life care training to better support this patient group and spoke about how the training had reinforced the need to ensure patient choice and dignity in death.

A patient we spoke with also told us that their GP had been very caring and supportive when they wished to discuss their personal end of life wishes. This patient told us that the GP had listened and provided the requested advice and information.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice had reviewed the needs of its local population and worked to secure improvements to services where these were identified. For example:

- Late evening appointments were available on Monday and Thursday evenings.
- Same day appointments were available for children and those with serious medical conditions.
- On line appointment booking and repeat prescriptions were available.
- Home visits were available for older patients / patients who would benefit from these.
- There were disabled facilities, and a hearing loop and interpreting services were available.
- There were longer appointments available for people with a learning disability.
- Baby changing facilities were available.
- The practice was located on the ground floor.
- Three staff members spoke Turkish; a language commonly spoken in the local community.
- Clinical staff had undertaken training to develop their knowledge and understanding of female genital mutilation which we were told was prevalent in local communities.

Access to the service

The practice's opening hours are:

- Monday: 9am-1pm and 3pm -7:30pm
- Tuesday: 9am -1pm and 2pm -6:30pm
- Wednesday: 9am-1pm and 3pm -6:30pm
- Thursday: 9am -1pm and 3pm -7:30pm
- Friday: 9am-1pm and 3pm -6pm

Appointments are available at the following times:

- Monday:9:10am-12.20pm and 4pm to 7:20pm
- Tuesday: 9:10am-12.20pm and 3pm to 6:20pm
- Wednesday: 9:10am-12.20pm and 4pm to 6:20pm
- Thursday: 9:10am-12.20pm and 4pm to 7:15pm
- Friday: 9:10am-12.20pm and 3:30pm to 6pm

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

The results from the national GP patient survey were:

- 78% of patients were satisfied with the practice's opening hours compared to the CCG average of 71% and national average of 75%.
- 86% patients said they could get through easily to the surgery by phone (CCG average 72%, national average 73%).
- 80% patients described their experience of making an appointment as good (CCG average 72%, national average 73%).
- 72% patients said they usually waited 15 minutes or less after their appointment time (CCG average 62%, national average 65%).

Patients we spoke with were positive about appointments access and about how the practice listened to their suggestions.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system such as in reception, on the practice website and in a patient information leaflet. The leaflet informed patients of the timescales for the acknowledgement, investigation and outcome of their complaint.

We looked at three complaints received in the last 12 months and found that they had been satisfactorily handled, and dealt with in a timely and open way. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. For example, in September 2015, a complaint had been received from a patient because the practice had refused to

Good

Are services responsive to people's needs?

(for example, to feedback?)

vaccinate their child two weeks earlier than scheduled. The practice had sought advice from Public Health England who confirmed that it was best practice to adhere to the immunisation schedule. Records showed that the incident had been discussed at a team meeting and we were told that staff used it as training opportunity on effectively engaging with patients whose behaviour challenged the service.

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 offer personalised health care. Over the longer term, we were told that the vision was to deliver care from larger premises. To this end, the practice was in preliminary discussions with developers and NHS England. The practice had a statement of purpose and staff we spoke with were aware of and understood its values.

Governance arrangements

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

- A clear staffing structure and that staff were aware of their own roles and responsibilities; and that practice specific policies were implemented and available to all staff.
- A comprehensive understanding of the performance of the practice including areas where improvements were identified (such as cervical screening uptake rates).
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.
- Some systems in place for identifying, recording and managing risks, issues and implementing mitigating actions with the exception for those relating to recruitment checks, COSHH assessments and fire safety.

Leadership, openness and transparency

The senior GP had the experience, capacity and capability to run the practice and ensure high quality care; supported by clinical and non clinical staff teams. The senior GP was visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff. A locum GP spoke positively about clinical leadership. The practice nurse fed back that the practice had an open working culture.

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

- Records showed that the practice held regular minuted clinical and team meetings.
- Staff told us that they had the opportunity to raise any issues at team meetings and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by senior GP in the practice. We were told that all staff were involved in discussions about how to run and develop the practice; and the senior GP encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- It had gathered feedback from patients through the patient participation group (PPG) and through surveys. There was an active PPG which met on a regular basis, carried out patient surveys and submitted proposals for improvements to the practice management team. PPG members told us that the practice sought their views and acted on suggestions (for example extended hours opening).
- The practice had also gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. For example, the practice nurse told us that their suggestions on improving vaccines management had been taken on board.

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 **Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment** **How the regulation was not being met:** **The provider did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users by:** • **Failing to undertake a fire safety risk assessment and annual servicing of fire alarm, to ensure that adequate fire safety arrangements are in place.** **This was in breach of Regulation 12(1)(2)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed **Regulation 19 HSCA 2008 (Regulated Activities) Regulations 2014 Fit and proper persons employed.** **How the regulation was not being met:** **The provider did not do all that was reasonably practicable to ensure that recruitment procedures were established and operated effectively by:**

This section is primarily information for the provider

Requirement notices

- Failing to ensure that there were pre-employment checks undertaken for staff members in accordance with Schedule 3 Information Required in respect of persons employed or appointed for the purpose of a regulated activity.

This was in breach of regulation 19 (3)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.