

# Ritchie Street Group Practice

## Quality Report

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

## Ratings

### Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection on 17 February 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- 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.
- 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 provider was aware of and complied with the requirements of the Duty of Candour.
- Patients said they were generally able to make an appointment. However, some were encountering problems accessing the service by telephone early in the morning.
- The practice shares the premises with a walk-in service, which operates throughout the day, and some patients seemed confused over which service they were using.
- There was an active patient participation group, but some ethnic minority groups were under-represented.

The areas where the practice should make improvement are -

- Continue to monitor the appointments process and telephone system to identify where improvements may be made.

# Summary of findings

- Provide patients with more information regarding the services available at the premises and who provides them.
- Consolidate the practice's governance policies and store them on the shared computer system as appropriate to ensure staff have easy access to them.
- Continue with efforts to increase the numbers of ethnic minority patients involved with the patient participation group.

**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 there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.
- The practice used innovative and proactive methods to improve patient outcomes and working with other local providers to share best practice.

### Are services caring?

The practice is rated as good for providing caring services.

Good



- Results from the National GP Patient Survey were comparable with local and national averages.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

# Summary of findings

- Information for patients about the services available was generally accessible and easy to understand. However, more information could be given regarding the services available at the premises and who was providing it.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they were generally able to make an appointment, with urgent appointments available the same day. Data showed that obtaining an appointment with a named GP had been difficult. However, the practice had appointed new GPs and one of the partners had recently returned from long term absence. It was likely that this would improve continuity of care. The appointment system and patients' telephone access were being reviewed by the practice.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

## Are services well-led?

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

Good



- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings. However, there was scope for the policies and procedures to be consolidated and stored more effectively to improve staff's access to them.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.

# Summary of findings

- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty.
- The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a focus on continuous learning and improvement at all levels.

# Summary of findings

## The six population groups and what we found

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

### Older people

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

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.
- The practice maintained a register of 123 patients aged over-65, who were identified as being at high risk of admission to hospital. The practice had carried out reviews of 79% (97 patients) of the care plans.
- Records showed that 73 patients had been discharged from hospital and 38 of whom had had their care reviewed.
- Records showed that 554 (78%) patients of 712 who were prescribed more than four medicines and had a medication review.
- One hundred and twenty two patients had received Cognition Testing, as documented in their notes.
- Flu vaccination rates for patients aged over-65 were comparable with local and national averages.

### People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Published performance data for diabetes related indicators was 99.8%, being 12% above the CCG and 10.6% above the national average.
- The practice maintained a register of 416 patients with diabetes, of whom 374 (90%) had received an annual foot check.
- It maintained a register of 56 heart failure patients, of whom 38 (68%) had had a medication review.
- Longer appointments and home visits were available when needed.

# Summary of findings

- 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.
- Flu immunisation rates for patients considered at risk due to existing health conditions were comparable with local and national averages.

## Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates were for all standard childhood immunisations were comparable with local and national averages.
- 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 was higher than the national average.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- The practice's uptake for the cervical screening programme was 74.65%, which was comparable to the national average of 82%.

Good



## 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 and flexible.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

Good





# Summary of findings

- The practice had carried out 263 NHS health checks, being 7.9% of the eligible population.
- The practice had carried out 3,311 blood pressure checks, amounting to 88% of eligible patients.

## People whose circumstances may make them vulnerable

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

Good



- The practice held a register of patients living in vulnerable circumstances including homeless patients (37 patients), and those with a learning disability (60 patients).
- The practice had established with local social services a list of 20 patients receiving an annual follow up; 16 of the patients (76%) had had their care plans reviewed in the last year.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

## 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).

Good



- The practice maintained a register of 28 patients diagnosed with dementia, of whom 25 (82%) had had their care reviewed in a face to face meeting in the last 12 months. This was higher than the national average.
- The practice carried out advance care planning for patients with dementia.
- The practice had a register of 197 patients diagnosed with serious mental illness, of whom 127 (82%) had received an annual health check.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.

## Summary of findings

- 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.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

# Summary of findings

## What people who use the service say

The national GP patient survey results published on 7 January 2016 related to the period January - March 2015 and July - September 2015. The results showed the practice was performing roughly comparably with local and national averages. A total of 396 survey forms were distributed and 96 (24%) were returned. This represented roughly 0.75% of the practice's patient list of approximately 13,300.

- 69% found it easy to get through to this surgery by phone compared to a CCG average of 76% and a national average of 73%.
- 77% were able to get an appointment to see or speak to someone the last time they tried (CCG average 83%, national average 85%).
- 78% described the overall experience of their GP surgery as fairly good or very good (CCG average 81%, national average 85%).
- 71% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 76%, national average 78%).

We discussed the results of the GP patient survey with staff, who told us it was likely that some of the responses were from patients who had in fact used the walk-in services at the premises, not those provided by the Ritchie Street Group Practice.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 41 comment cards which were all generally positive about the standard of care received. Comments included that the staff were very caring and helpful; that the GPs were always attentive and that the service was efficient and well-organised. Three cards mentioned problems making contact by phone early in the morning.

We spoke with 10 patients during the inspection. All patients said they were happy with the care they received and thought staff were approachable, committed and caring. However, three patients mentioned problems with telephone access, for example having to wait a long time to speak with an operator and two said that appointments were often not available by the time their calls were connected.

Ten people had responded to the Friends and Family Test, the results of which are given on the NHS Choices website; nine said they would recommend the practice.

## Areas for improvement

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

- Continue to monitor the appointments process and telephone system to identify where improvements may be made.
- Provide patients with more information regarding the services available at the premises and who provides them.
- Consolidate the practice's governance policies and store them on the shared computer system as appropriate to ensure staff have easy access to them.
- Continue with efforts to increase the numbers of ethnic minority patients involved with the patient participation group.

# Ritchie Street Group Practice

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to Ritchie Street Group Practice

The Ritchie Street Group Practice operates from the Ritchie Street Neighbourhood Health Centre at 34 Ritchie Street, Islington, London N1 0DG. It shares the premises with another registered provider, which offers a walk-in consultation service. There is also a pharmacist on site. It is located in close to Angel, Islington, a short distance from bus and tube services.

The practice provides NHS services through a General Medical Services (GMS) contract to approximately 13,300 patients. It is part of the NHS Islington Clinical Commissioning Group (CCG) which is made up of 38 general practices. The practice is registered with the CQC to carry out the following regulated activities - diagnostic and screening procedures, treatment of disease, disorder or injury.

The clinical staff is made up of four GP partners (three male; one female), who work full time and a part time salaried female GP. Two salaried GP vacancies have recently been filled. There are two practice nurses, with one part-time nurse vacancy, and three health care assistants. It is a training practice, with currently four trainee doctors working there. The administrative team is made up of a practice manager, an operations manager, five administrative officers and ten reception staff.

The patient profile for the CCG has a higher number of working age adults than the national average, with fewer older patients, younger people aged under 19 and children under 5 years old.

The practice operates between 8.00am and 6.30pm Monday to Friday. Appointments are available throughout the day. Appointments are 10 minutes long. Telephone consultations and home visits are available. Appointments can be booked online by patients who have previously registered to use the facility. The practice has opted out of providing an out-of-hours service. Patients calling the practice when it is closed are connected with the local out-of-hours service provider. There is a link to the NHS 111 service on the practice website.

The website also provides details of a walk-in service which shares the premises. The walk-in service, Angel Medical, is registered separately. Any person may attend the walk-in service, which operates between 8.00am and 8.00pm Monday to Friday and from 9.00am to 6.00pm at weekends and on bank holidays.

## 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.

It had not been inspected previously.

# Detailed findings

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 17 February 2016. During our visit we:

- Spoke with a range of staff, including GPs, nurses, the practice manager and other administrative and reception staff. We also spoke with patients who used the service. Observed how patients were being cared for and talked with carers and/or family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

- Is it safe?

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events at regular practice meetings and by yearly reviews.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. We looked at the records on six significant events over the past 12 months. We saw that they were investigated and reviewed at practice meetings to ensure that identified learning points were shared to make sure action was taken to improve safety in the practice. For example, it was found that a new locum nurse at the practice had not signed the required Patient Group Direction (PGD) form for flu vaccinations. A PGD is a written instruction for the sale, supply and/or administration of medicines, including vaccinations, to groups of patients. Although no patients were at risk, as the vaccinations were supervised, it was recognised that the necessary paperwork was not completed appropriately. The nurse undertook an e-learning course and the induction process was reviewed and amended to ensure that PGDs were signed.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. 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; the nurses to level 2.

- A notice in the waiting room advised 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 check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. Cleaning was carried out by a contractor, in accordance with agreed schedules. We observed the premises to be clean and tidy and patients we spoke with confirmed they had no concerns over hygiene. 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. At the time inspection, access to the practice's computerised training records was limited as there were problems with the passwords. However, we were provided with evidence shortly afterwards that all staff had completed e-learning modules. Annual infection control audits were undertaken, the last being completed in June 2015 and we saw evidence that action was taken to address any improvements identified as a result. There were adequate supplies of personal protective equipment, such as gloves, masks and aprons. Patients we spoke with confirmed these were used appropriately during examinations. Medical instruments were single-use only and were disposed of appropriately. Sharps bins were assembled and recorded guidance for dealing with needle-stick injuries were displayed in the consulting rooms. A contract was in place for the safe disposal of clinical waste; the waste being stored in a secure area prior to collection.
- 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

## Are services safe?

prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. We had noted a significant event record of a locum nurse not signing a PGD form, but saw that the incident had been dealt with appropriately and systems were in place to prevent a recurrence. The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccinations after specific training, when a doctor or nurse was on the premises. We saw evidence that the temperatures of the vaccines fridges was monitored and recorded. Supplies of vaccines and medications were monitored and logged. All the items we saw were within date and suitable for use. There was a pharmacy on the premises, allowing patients to pick up prescriptions as soon as they were issued.

- We reviewed six personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. We were shown evidence shortly after the inspection that all staff members' DBS checks were being repeated.
- There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The health and safety policy statement had been reviewed in 2015. The practice's firefighting equipment, fire alarm and emergency lighting had been inspected in April 2015 and the fire alarm was tested weekly and logged. We saw that the next annual fire risk assessment had been booked for the week following our inspection. Fire exits were well-signed, with escape routes uncluttered. The practice carried out regular fire drills. Staff had received fire safety training.

- Testing of electrical equipment to ensure it was safe to use was overdue, but we were shown evidence that it had been booked for shortly after our inspection. All clinical equipment had been checked and calibrated in June 2015. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health, infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). The legionella risk assessment was overdue, but we saw evidence that an inspection and assessment had been booked. We were shown evidence that a general health and safety risk assessment was carried out the day after our inspection.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

### 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. Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. We checked and confirmed that the defibrillator pads were within date and the battery was charged. We saw a record that the state and readiness of the equipment was monitored. We saw that a general first aid kit was kept in the reception office, with a reminder that staff complete the accident book should any incidents occur.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan had last been reviewed in April 2015. It included emergency contact numbers for staff and made provision for the service to be relocated nearby should the practice premises be unusable.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

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

The practice made use of the "Map of Medicine", a web-based service set up with the involvement of a local NHS Trust and teaching establishment to provide guidance and make specialist knowledge available to healthcare professionals to improve referral quality and patient outcomes. It linked with the practice's clinical records system, assisting GPs to plan patients' care pathways in line with the latest clinical guidance and which could be adapted according to locally available healthcare services and to meet the local commissioning requirements.

### 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 99.5% of the total number of points available, with 11.8% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed -

- Performance for diabetes related indicators was 99.8%, being 12% above the CCG average and 10.6% above the national average.

- Performance for hypertension related indicators was 100%, being 3.3% above the CCG average and 2.2% above the national averages.
- Performance for mental health related indicators was 98.7%, being 6.2% above the CCG average and 5.9% above the national average.

### Clinical audits demonstrated quality improvement.

There had been 13 completed-cycle clinical audits in the last two years, where the improvements made were implemented and monitored. The practice had audited the records and treatment of patients with urinary tract infections (UTIs) to monitor that patients were prescribed suitable medication and given appropriate advice. For example, certain medications may have adverse effects during pregnancy. The audit had shown that 37% of patients had been given appropriate advice as recorded in their notes. The practice produced a template for use with patients with UTIs to assist with information recording. When re-audited, it was shown that 59% of patients had advice recorded. We noted that the template had been shared with the walk-in service doctors working at the premises and saw there were plans for the audit to be repeated to further monitor improvement.

### 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. It 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. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the



# Are services effective?

## (for example, treatment is effective)

scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. Most staff had been appraised during the last 12 months and we saw plans in place to ensure that the few who had not been would be appraised within a few days of our inspection.

- The practice manager was new in post and had encountered some difficulty accessing staff training records. These were maintained electronically and were password protected. However, shortly after the inspection the practice was able to provide us with evidence that staff received training that included safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

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

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

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

### Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and

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

- Where a patient's mental capacity to consent to care or treatment was unclear the GPs or practice nurses assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through records audits.

### Supporting patients to live healthier lives

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

These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol and drugs cessation. Patients were then signposted to the relevant service. For example, the practice had recorded the smoking status of 11,528 patients (98% of all patients aged over-16). It had identified 1,662 patients as smokers and had given cessation advice to 1,535 (92.3%). Records showed 62 patients had stopped smoking in the past 12 months.

The practice's uptake for the cervical screening programme was 74.65%, which was comparable to the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG average. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 95.5% to 99.2% and five year olds from 87.2% to 98.2%.

The practice had identified 164 teenage girls who were eligible to receive the Human papilloma virus (HPV) vaccine and had provided the vaccine to 27 girls who had not been given the vaccine at school.

## Are services effective? (for example, treatment is effective)

Flu vaccination rates for the over 65s were 65%, and for at risk groups, 45%. These were comparable with the national average.

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. The practice had

carried out NHS health checks on 263 patients; and 3311 patients (88.3% of those eligible) had had their blood pressure checked. 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 consulting 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. The practice was making efforts to have patients queue a sufficient distance from the reception desk so that discussions with staff could not be overheard easily.

All of the 41 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

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

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

- 82% said the GP was good at listening to them compared to the CCG average of 87% and national average of 89%.
- 74% said the GP gave them enough time (CCG average 82%, national average 87%).
- 90% said they had confidence and trust in the last GP they saw (CCG average 95%, national average 95%).
- 76% said the last GP they spoke to was good at treating them with care and concern (CCG average 83%, national average 85%).

- 83% said the last nurse they spoke to was good at treating them with care and concern (CCG average 84%, national average 91%).
- 84% said they found the receptionists at the practice helpful (CCG average 86%, national average 87%).

We discussed the results of the GP patient survey with staff. There had been two vacancies for salaried GPs and one nurse vacancy. It was likely that patients' perceptions of their consultations were influenced by the effect of the staff shortages. In addition, staff said that it was probable that some of the responses were from patients who had in fact used the walk-in services at the premises, and not necessarily services provided directly by the Ritchie Street Group Practice. This highlighted a need for more information about the services to be given to patients.

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

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

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

- 85% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and national average of 86%.
- 71% said the last GP they saw was good at involving them in decisions about their care (CCG average 79%, national average 82%).
- 72% said the last nurse they saw was good at involving them in decisions about their care (CCG average 77%, national average 85%).

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

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

## Are services caring?

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice's computer records identified 129 patients as carers (0.96% of the patient 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 offered appointments between 8.00am and 6.30pm.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would be unable to attend the surgery.
- Same day appointments were available for children and those with serious medical conditions.
- There were disabled facilities, a hearing loop and translation services available.

### Access to the service

The practice operated between 8.00am and 6.30pm Monday to Friday. Appointments were available throughout the day. Appointments were 10 minutes long. Telephone consultations and home visits were available.

Appointments could be booked and repeat prescription ordered, online by patients who had previously registered to use the facility. The practice participated in the electronic prescribing service, allowing patients to pick up prescriptions at nominated pharmacies, without the need to attend the practice. The practice also used the Choose and Book system, allowing patients some choice in arranging secondary care at locations and on dates most convenient to them.

The practice had opted out of providing an out-of-hours service. Patients calling the practice when it is closed were connected with the local out-of-hours service provider. There was a link to the NHS 111 service on the practice website.

The website also provided details of a walk-in service which shared the premises. The walk-in service, Angel Medical, is registered separately. Any person could attend the walk-in service, which operated between 8.00am and 8.00pm Monday to Friday and from 9.00am to 6.00pm at weekends and on bank holidays.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment were generally comparable with local and national averages -

- 73% of patients were satisfied with the practice's opening hours compared to the CCG average of 68% and national average of 75%.
- 69% patients said they could get through easily to the surgery by phone (CCG average 76%, national average 73%).

However, we noted that 24% patients said they always or almost always see or speak to the GP they prefer (CCG average 53%, national average 59%). We discussed the figure with staff. The practice had had two salaried GP vacancies, as well as one part-time nurse vacancy. The GP vacancies had recently been filled. In addition, one of the partners had just returned from long-term absence. Cover had been provided by locums. We were told that the low percentage of patients seeing their preferred was possibly as a consequence of the vacancies and the partner's absence. However, it was likely that things would improve with the recruitment of two GPs and the partner's return to work. Staff also told us that the survey results might be inaccurate as some patients remained confused over who was providing the services they had used – Ritchie Street Group Practice or the Angel Medical walk-in service. The walk-in service operated all day at the same premises and used more locum GPs.

We received 41 comments cards; 38 of which, together with seven of the ten patients we spoke with, mentioned no concerns over getting appointments. However, three of the comments cards and three patients said there were difficulties calling the practice early in the morning. A member of staff told us that a recent review of the appointments process and an upgrade of the telephone system had not improved matters significantly. We were told that the appointments and operation of the telephone system were being monitored.

A number of the patients were not aware that there were two different services operating at the premises. This confirmed that further effort is needed to make clear to patients what services are available at the health centre

# Are services responsive to people's needs?

(for example, to feedback?)

and by whom it is provided. One patient told us that they had phoned and asked for an appointment with a Ritchie Street GP, but as one was not immediately available they had been told to attend the walk-in service instead.

The premises were purpose-built and shared with other services, including a pharmacy. There were good facilities, including disabled access, a hearing loop and baby-changing space. There were ten consulting rooms, two of which were set aside for use by the walk-in service.

## **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, with notices on the premises and information on the practice website. A complaints leaflet outlined the procedure, which included details of how complaints could be escalated to NHS England and the Health Service Ombudsman.

We looked at a summary of the 47 complaints received in 2015, together with a number of detailed records. We saw that they were satisfactorily handled, dealt with in a timely way, openness and transparency. There were no underlying trends. We were shown minutes of practice meetings where complaints were discussed and action agreed. We saw that lessons were learned from concerns and complaints and action was taken to as a result to improve the quality of care. Examples included a number of reception staff receiving additional training, staffing levels and the appointments system being reviewed and GPs reflecting on their clinical practice.

# 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's aims and objectives were set out in its statement of purpose –

- To provide the highest quality NHS general medical services available under the NHS
- To ensure that patients are seen by the most appropriate healthcare professional as quickly as possible as dependent upon their presenting complaint.
- To focus on prevention of disease by promoting good health and prophylactic medicine.
- To provide patients with an experience and environment that is comfortable, friendly, professional and relaxing.
- To understand and meet the needs of our patients, involving them in decisions about their care and encourage them to participate fully.
- To involve other professionals in the care of our patients, involve them in decisions about their care and encourage them to participate fully.
- To ensure all members of our team have the right skills and training to carry out their duties competently.
- To continuously improve the lines of communication to patients using the latest technologies as appropriate.
- To develop new ways to educate and inform patients in order to encourage patients to be proactive in their health and wellbeing.

Staff we spoke with knew and understood these values. The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

### Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- Practice-specific policies were implemented. We saw that the policies had been reviewed in September 2015 and were kept on the practice's shared drive to be accessible to all staff. However, we noted they were stored in various folders and could be consolidated to make access easier.

### Leadership and culture

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

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

When there were unexpected or unintended safety incidents, the practice gave affected people reasonable support, truthful information and a verbal and written apology. It kept written records of verbal interactions as well as written correspondence.

- There was a clear leadership structure in place and staff felt supported by management.
- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were



# Are services well-led?

Good 

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

involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

- The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.
- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG of eight patients which met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. The PPG had identified telephone access in the early morning as a priority area for improvement. In response, the practice had taken on additional staff and adjusted duties to have more staff available during the peak period of 8.00am - 9.00 am. It had also upgraded the telephone system. This had led to a reduction in patient complaints, but staff told us there were still problems. The PPG had also recognised that ethnic minorities were under-represented. The practice had made efforts

to advertise the PPG and attract ethnic minority members, but had had only limited success. Shortly after the inspection the practice included a bolder request for participants on its website.

- The practice had gathered feedback from staff through generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. It is a training practice with four trainees working there at the time of the inspection. We saw that there were frequent practice tutor scheme meetings, which involved the clinical staff and trainees, to discuss various topics, for example the results of a recent medicines management audit.

The practice made use of the "Map of Medicine", a web-based service set up with the involvement of a local NHS Trust and teaching establishment to provide guidance and make specialist knowledge available to healthcare professionals to improve referral quality and patient outcomes.