Arcadian Gardens Surgery

Quality Report

Arcadian Gardens
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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

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Arcadian Gardens Surgery on 18 January 2017. 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 been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Telephone consultations were available to patients who were unable to attend the surgery during normal opening hours and for those who could not attend the practice
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had a dignity champion whose focus was to ensure that individuals at the practice were treated with dignity, care and respect.
- The practice 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.

The areas where the provider should make improvement are:

Summary of findings

- Review how patients with caring responsibilities are identified and recorded on the clinical system to ensure information, advice and support is available to them.
- Ensure that a programme of regular fire drills is devised and implemented

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?

Good

The practice is rated as good for providing safe services.

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

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were comparable to CCG and national averages. For example, 93% 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 to the CCG average of 83% and a national average of 89%. The exception reporting rate was 5%, which was similar to the CCG average of 6% and lower than the national average of 13%.
- 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 other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

Good

The practice is rated as good for providing caring services.

Summary of findings

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care. For example, 88% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 79% and the national average of 85%.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice had a dignity champion whose focus was to ensure that individuals at the practice were treated with dignity, care and respect.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with patients to improvement patient outcomes.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- The practice offered extended hours surgery, and as a member of a local GP federation, patients at the practice had the facility to see a GP or nurse outside of normal working hours and at the weekend.

Are services well-led?

Good

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.

Summary of findings

- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for 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 practice had a Patient Participation Group.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

Good

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Patients aged over 75 had a named GP.
- Annual health checks were available for this population group.

People with long term conditions

Good

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- 75% of patients on the diabetes register last measured cholesterol test was 5mmol/l or less, which was the same as the CCG average and comparable to the national average of 80%.
- Longer appointments and home visits were available when needed.
- Patients newly diagnosed with diabetes were invited in to the practice to discuss management of their condition with a clinician.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

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 were relatively high for all standard childhood immunisations.

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.
- 74% of women aged between 25 and 64 had a cervical screening test performed in the preceding five years, which was comparable to the CCG average of 79% and the national average of 81%.
- 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 and health visitors.

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. For example, the practice offered extended hours surgery twice a week.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice offered telephone consultations for those unable to attend the surgery during normal working hours.
- The practice was a member of a local GP federation which allowed patients at the practice access to GP services outside normal working hours and at weekends.

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 offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice engaged with managers of patients in supported housing to help early detection of health issues.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

Summary of findings

- 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)

Good

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

- 88% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the national average of 84%.
- 93% of patients with schizophrenia, bipolar affevtive disorder and other psychoses had a comprehensive agreed care plan documented in their record in the preceding 12 months, which was comparable to the CCG average of 83% and the national average of 89%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- 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 were published in July 2016. The results showed the practice was performing in line with local and national averages. Two hundred and seventy survey forms were distributed and 100 were returned. This represented 3% of the total practice's patient list.

- 86% of patients found it easy to get through to this practice by phone compared to the CCG average of 70% and the national average of 73%.
- 78% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 72% and the national average of 76%.
- 85% of patients described the overall experience of this GP practice as good, which was the same as the national average.
- 78% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 13 comment cards, the majority of which were positive about the standard of care received. Comments received stated the reception staff were helpful and pleasant, and that the doctors care and listen to concerns as well as providing good quality treatment.

We spoke with one patient during the inspection. This patient said they were satisfied with the care they received and thought staff were approachable, committed and caring. We asked the practice for details of the Friends and Families test for the six months prior to our visit, but we did not receive these details in the information provided by the practice.

Arcadian Gardens Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Arcadian Gardens Surgery

Arcadian Gardens Surgery is located in a residential area of the London Borough of Haringey. The practice is located on two floors of a converted end of terrace house. The roads around the practice are subject to permit-only parking. The nearest roads not subject to permit only parking is approximately 6-7 minutes away from the practice. The practice has bays for parking for disabled patients at the side of the practice. The nearest bus stop is approximately four minutes walk from the practice.

There are approximately 3500 patients registered at the practice. Statistics show high to moderate income deprivation among the registered population. Information published by Public Health England rates the level of deprivation within the practice population group as four on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. The registered population is slightly higher than the national average for those aged between 25-49 and 60 -69.Patients registered at the practice come from a variety of backgrounds including Asian, Western European, Eastern European and African Caribbean. 61% of patients have a long-standing health condition compared to the CCG average of 47%.

Care and treatment is delivered by two GPs (one female and one male) and two regular GP locums (one male and one female) who provide sixteen clinical sessions weekly. There is one practice nurse (female) who provides seven sessions weekly. Five administrative and reception staff work at the practice who are led by a practice manager.

The practice reception opening times are:-

• 8am - 6:30pm (Monday, Friday)

• 7:30am – 6:30pm (Tuesday, Wednesday)

• 8am - 1pm (Thursday)

Clinical sessions are as follows:-

• 8:30am - 12pm; 3:10pm - 6:10pm (Monday)

• 7:30am - 11:30am; 4pm - 6:10pm (Tuesday),

• 7:30am - 11:30am, 3:30pm - 6:10pm (Wednesday)

• 8am - 12pm (Thursday)

• 8am - 12pm, 4pm - 6:10pm (Friday)

The practice offers extended hours surgery on Tuesday and Wednesday mornings. Patients can book appointments in person, by telephone and online via the practice website.

Patients requiring a GP outside of practice opening hours are advised to contact the NHS GP out of hours service on telephone number 111.

The practice has a General Medical Services (GMS) contract. GMS contracts are nationally agreed between the General Medical Council and NHS England. The practice is registered to provide the following regulated activities:-

- Diagnostic and screening procedures

- Treatment of disease, disorder or injury

NHS Haringey Clinical Commissioning Group (CCG) is the practice's commissioning body.

Detailed findings

Arcadian Gardens Surgery was inspected under our previous inspection system in December 2013 and September 2014. During the inspection conducted in December 2013, we identified the practice as being non-compliant with cleanliness and infection control standards. A subsequent inspection undertaken in September 2014, found the practice to be compliant with the cleanliness and infection control standards identified in the previous inspection.

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 18 January 2017

During our visit we:

- Spoke with a range of staff (two GP partners, one practice nurse and one practice manager) and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Good

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

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, we viewed a significant event regarding two incidents of patients not receiving two week wait appointments. We saw the practice had checked the patients' records and found that the referral was electronically sent to the hospital and that a delivery and read receipt was received. The hospital was contacted and it was arranged for the next available appointments to be allocated to the patients in question. These events were discussed at a clinical meeting where it was agreed that the referral process worked, but as an added safety measure, clinicians would keep a log of patients referred to hospital using the two week wait system. The logs would be reviewed fortnightly against the patient record, to check that a response had been received from the hospital. If no response was registered on the patient record, the practice would follow up on the referral by telephoning the hospital to establish what happened. As a result of these incidents, the practice contacted the local CCG to alert them that potentially there could be a problem with electronic referrals being received by the hospital.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding was one of the partner GPs. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three. The practice nurse was trained to safeguarding level two and all other members of staff to safeguarding level one.
- A notice in the waiting room advised patients that chaperones were available if required and staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). Staff not DBS checked had been risk assessed by the practice, in the event of them being required to act as a chaperone at short notice.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. One of the GP partners was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken. We saw that there were no immediate actions identified as a result of the last internal audit in 2016.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk

medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation (PGDs provide a legal framework that allows registered health professionals to supply and/or administer a specified medicine(s) to a pre-defined group of patients, without them having to see a doctor each time they visit the practice).

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

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. On the day of inspection, the practice told us they had not carried out regular fire drills and there were no records to signify that the drills had taken place. The practice had fire marshalls and staff were aware of what to do in the event of a suspected fire. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

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

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.

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 96% of the total number of points available, with an overall exception reporting rate of 3%. (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 QOF 2015/16 showed:

- Performance for diabetes related indicators was similar to the CCG and the national average. For example 75% of patients on the diabetes registers last cholesterol reading was 5mmol/l or less, which was the same as the CCG average and comparable to the national average of 80%. The exception reporting rate was 3%, which was significantly lower than the CCG and national average of 11% and 13%.
- Performance for mental health related indicators was comparable to the CCG and national average. For example, 93% 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 to the CCG average of 83% and a national average of 89%. The exception reporting rate was 5%, which was similar to the CCG average of 6% and lower than the national average of 13%.

There was evidence of quality improvement including clinical audit.

- There had been 11 clinical audits completed in the last two years, two of these were completed audits where the improvements made were implemented and monitored. For example, one of the audits undertaken by the practice looked at the monitoring (including blood tests) of patients on Warfarin to ensure they met current guidelines (Warfarin is a medicine prescribed to prevent the occurrence of blood clots). During the first cycle of the audit, the practice identified 35 patients that had been prescribed Warfarin during the previous six months. Of these 35 patients, 18 patients (51%) records indicated that appropriate monitoring had occurred. As a result, the practice wrote all patients to emphasise the importance of regular testing and monitoring and interaction with the practice for their safety whilst on this medicine.The second cycle of the audit was conducted six months after the first and showed that of the 35 patients prescribed Warfarin during the previous six months, 29 patient (83%) records indicated that appropriate monitoring had occurred.
- The practice participated in local audits, national benchmarking and accreditation.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.

Good

Are services effective?

(for example, treatment is effective)

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. 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.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs. In addition the practice regularly communicated with the managers of local supported housing sites, where some vulnerable and frail patients live. The practice informed us, that the interaction between managers and the practice allowed for possible early intervention to stop health deterioration in these patients.

Consent to care and treatment

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

- Clinical 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, clinical staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

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

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

The practice's uptake for the cervical screening programme was 74%, which was comparable to the CCG average of 79% and the national average of 81%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. For example, 77% of women aged between 50 and 70 were screened for breast cancer in the preceding 36 months compared to a CCG average of 64% and a national average of 72% and 48% of patients aged 60 to 69 were screened for bowel cancer in the last 30 months, which was the same as the CCG average and comparable to the national average of 58%.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 88% to 90% compared to the 90% standard. Five year olds from 80% to 86% compared to the CCG average of 84% to 89% and the national average of 88% to 94%.

Good

Are services effective?

(for example, treatment is effective)

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

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All but one of the 13 patient Care Quality Commission comment cards we received was 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. The one comment card which was not entirely positive about the service referred to attitude of some members of practice staff. 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. Patients rated the practice comparably for local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 89% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 84% and the national average of 89%.
- 86% of patients said the GP gave them enough time compared to the CCG average of 80% and the national average of 87%.
- 89% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 88% and the national average of 95%.
- 88% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 79% and the national average of 85%.
- 85% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 83% and the national average of 91%.
- 90% of patients said they found the receptionists at the practice helpful compared to the CCG average of 83% and the national average of 87%.

The practice website contained a section of the practice commitment to all patients being treated with dignity. The practice also had an assigned dignity champion who pledged to ensure that the commitment stated on the website was being upheld by all, and to challenge any behaviours that did not display treating others with dignity.

Care planning and involvement in decisions about care and treatment

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

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

- 85% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 81% and the national average of 86%.
- 79% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 76% and the national average of 82%.
- 76% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 77% and the national average of 85%.

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

Good

Are services caring?

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.
- Several members of staff spoke a second language such as Hindi, Greek and Gujarati.

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 13 patients as carers, which is less than 1% of the practice list. Written information was available to direct carers to the various avenues of support available to them.

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

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

esponding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population:-

- The practice offered extended hours surgery on a Tuesday and Wednesday morning between 7:30am and 8:30am for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice offered longer standard appointments to patients of 15 minutes, if requested.
- Telephone consultations were available to patients who were unable to attend the surgery during normal opening hours.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities and translation services available. In addition, a British Sign Language interpretation services were available.
- The practice website had the facility to be translated into approximately 65 languages, and offered a range of ways to make contact with the practice. For example, the website provided a list of self-referral services for patients located within the CCG locality.
- On line appointment booking and repeat prescription facilities were available on the practice website. The practice take-up for electronic prescription usage was 84%, compared to the CCG average of 45%.
- The practice was a member of a local GP federation, giving patients at the practice the facility to see a GP or nurse outside of normal working hours and at the weekend.
- The practice used a text reminder service to alert patients to upcoming appointments, collection of blood test results and invites for annual vaccinations.

Access to the service

The practice telephone lines were open from 8:30am and 1pm; 2pm and 6:30 pm Monday to Friday, with the exception of Thursday when the practice closed at 1pm. The practice reception opening times were:-

• 8am - 6:30pm (Monday, Friday)

• 7:30am – 6:30pm (Tuesday, Wednesday)

• 8am - 1pm (Thursday)

Appointment times are as follows:-

• 8:30am – 12pm, 3:10pm – 6:10pm (Monday)

• 7:30am - 11:30am, 4pm – 6:10pm (Tuesday),

• 7:30am – 11:30am, 3:30pm – 6:10pm (Wednesday)

• 8am - 12pm (Thursday)

• 8am – 12pm, 4pm – 6:10pm (Friday)

Extended hours appointments were offered on a Tuesday and Wednesday morning between 7:30am and 8:30am. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

The locally agreed out of hours provider provides cover for the practice between the hours of 6pm - 8:30am (Monday, Tuesday, Weds and Friday). Cover was also provided on a Thursday afternoon from 1pm.

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

- 82% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 86% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

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

The practice had a system in place to assess:

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

If a patient called the surgery (when the phone lines were open) requesting an urgent appointment or home visit, the

Good

Are services responsive to people's needs?

(for example, to feedback?)

receptionists would allocate the next available emergency appointment or advise the duty doctor that a home visit was requested, in order for the duty doctor to make contact with the patient. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- 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. This was done through the practice website and practice patient information booklet.

We looked at two complaints received in the last 12 months and found both complaints dealt with in a timely way and there was transparency in communications with the complainant. Lessons were learnt from individual concerns and complaints, and action was taken as a result to improve the quality of care.

For example, we viewed a complaint to the surgery from a patient who was unhappy following the receipt of out-of-date information contained in a letter sent by the practice. On receipt of the complaint, the practice sent an acknowledgement letter to the complainant, stating that the practice would look at the complaint in depth and make contact once the practice had completed its investigation. As a result of the investigation conducted, the practice issued an apology to the complainant, as it transpired that the letter containing out-of-date information had been sent in error. Following on from this complaint, the practice reviewed its policy for sending letters and incorporated into the policy that the administration team should check that the information contained within letters to be sent is current and a GP must review all letters before they are issued to patients.

Are services well-led?

Good

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

Our findings

Vision and strategy

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

- The practice had a mission statement and staff we spoke to knew and understood the values. The practice believed that by looking at the wider needs of the patient, it could provide a holistic approach to providing care to patients.
- The practice had a strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- Each of the partner GPs was a practice lead for a specific clinical area. For example, one the partners was the lead for women's health and paediatrics.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

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

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

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and encouraged to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the Patient Participation Group (PPG) and through surveys and complaints received. The PPG met regularly, but from the three PPG meeting minutes we viewed, we did not see any proposals for improvements submitted to the practice by the Group. On the day of inspection, we were unable to speak with members of the group as they were unavailable on the day. The practice conducted a number of patient surveys throughout the year to gain patient feedback. For example, on the day of inspection, we saw survey slips at reception asking patients to answer questions regarding their experience on how easy it was to get through to the practice by telephone. Previous surveys have focused on waiting times to see a clinician whilst

Are services well-led?

Good

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

at the practice and access to appointments. The practice told us that the results from these surveys have been incorporated to make improvements within the practice. As a result of the responses received to the survey on waiting times, the practice now informs patients how many minutes clinician are running late by displaying a message on the practice JayEx board.

- The practice had gathered feedback from staff through staff meetings, appraisals and discussions. 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. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. The practice was part of a GP locality group collaborative, consisting of 11 member practices. One of the partners at Arcadian Gardens Surgery was the chair of the collaborative, which ran a number of projects including access to GP services at the weekend, an over 75's home visiting service (where a clinician would visit patients over 75 to conduct annual reviews) and buying group (to enable to keep costs down through bulk buying for services and products).