

# The Carepoint 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 |  |

# Key findings

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### Key findings of this inspection

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## Letter from the Chief Inspector of General Practice

### **This practice is rated as Good overall.**

The key questions are rated as:

Are services safe? - Good

Are services effective? - Good

Are services caring? - Good

Are services responsive? - Good

Are services well-led? - Good

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are rated as:

Older People - Good

People with long-term conditions - Good

Families, children and young people - Good

Working age people (including those recently retired and students - Good

People whose circumstances may make them vulnerable - Good

People experiencing poor mental health (including people with dementia) - Good

We carried out an announced comprehensive inspection at The Carepoint Practice on 28 March 2018. We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions.

This inspection was planned to check whether The Carepoint Practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

At this inspection we found:

- The practice had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Most patients found the appointment system easy to use and reported that they were able to access care when they needed it.
- The practice proactively sought feedback from staff and patients, which it acted on.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.
- The practice used innovative and proactive methods to improve patient outcomes.

We saw areas of outstanding practice:

# Summary of findings

- The practice had used innovative and proactive methods to improve efficiency and performance. For example, a streamlined document handling system had been implemented to reduce the volume of clinical correspondence that GPs dealt with. This had successfully reduced the amount of time that the GPs spent on unnecessary paperwork. This had improved clinical coding, increased identification of conditions and improved the accuracy of medicines reconciliation following hospital discharges. This had enabled the practice to process repeat prescriptions and make referrals within 24 hours, and process urgent hospital documents and urgent medicine requests within two hours.
- The practice used information technology systems to monitor and improve the quality of care. For example, the practice had developed an online tool which allowed to run the searches to identify patients who would benefit from a health assessment (who had no previous diagnosis to-date), as well as to review patients who had one or more chronic conditions

- A pathology management system had been implemented which allowed 95% of all results to be analysed and transferred into a patient-centred management plan within 24 hours. This process was operated by a trained clinical administrative staff member with regular oversight by one of the GP partners and the process was routinely audited.

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

- Ensure there is an effective system to track blank printer prescriptions through the practice in line with national guidance.
- Continue to monitor practice performance relating to exception reporting under the Quality Outcomes Framework.
- Implement the system to promote the benefits of cervical and breast cancer national screening in order to increase patient uptake.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**  
Chief Inspector of General Practice

# Summary of findings

## The six population groups and what we found

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

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

# The Carepoint 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.

## Background to The Carepoint Practice

- The Carepoint Practice is a GP practice located in Northwood in North West London and is part of the Hillingdon Clinical Commissioning Group. The practice is located in purpose-built premises within the Northwood Health Centre. The location is shared with another GP practice and the community health centre site. The practice is fully accessible and has a disabled parking space in front of the building.
- The practice is a part of a 16 GP consortium (MetroHealth) in North Hillingdon working together to provide greater access for patients and providing services closer to a patient's home and where possible, outside of a hospital setting.
- The practice (MetroHealth) is a part of local Confederation (a network of 46 local GP practices).
- Services are provided from: The Carepoint Practice, Northwood Health Centre, Neal Close, Northwood, Middlesex, HA6 1TQ.
- Online services can be accessed from the practice website: <http://www.carepointpractice.nhs.uk/>
- Out of hours (OOH) service is provided by the Care UK.
- There are two GP partners and two sessional GPs. Two GPs are male and two female, who work a total of 15 sessions per week. The practice employs a full time community practitioner (who works under the supervision of the GP and has been trained to deal with acute illnesses and minor ailments in general practice), a part time practice nurses and a full time health care assistant. Both partners are supported by a business administrator, a reception supervisor and a team of administrative and reception staff.
- The practice provides primary medical services through a General Medical Services (GMS) contract to approximately 7,200 patients in the local area (GMS is one of the three contracting routes that have been made available to enable commissioning of primary medical services).
- Ethnicity based on demographics collected in the 2011 census shows the patient population is ethnically diverse and 33% of the population is composed of patients with an Asian, Black, mixed or other non-white backgrounds.
- The service is registered with the Care Quality Commission to provide the regulated activities of diagnostic and screening procedures, treatment of disease, disorder and injury, surgical procedures and maternity and midwifery services.

# Are services safe?

## Our findings

**We rated the practice, and all of the population groups, as good for providing safe services.**

### Safety systems and processes

The practice had clear systems to keep patients safe and safeguarded from abuse.

- The practice had a suite of safety policies including adult and child safeguarding policies which were regularly reviewed and communicated to staff. Staff received safety information for the practice as part of their induction and refresher training. Policies were regularly reviewed and were accessible to all staff, including locums. They outlined clearly who to go to for further guidance.
- There was a system to highlight vulnerable patients on records and a risk register of vulnerable patients.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Reports and learning from safeguarding incidents were available to staff. Staff who acted as chaperones were trained for the role and had received a DBS check.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken where required. (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).
- There was an effective system to manage infection prevention and control.
- There were systems for safely managing healthcare waste.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions.

### Risks to patients

There were adequate systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed. There was an effective approach to managing staff absences and for responding to epidemics, sickness, holidays and busy periods.
- There was an effective induction system for temporary staff tailored to their role.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

### Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. There was a documented approach to the management of test results.
- Referral letters included all of the necessary information.

### Safe and appropriate use of medicines

The practice had reliable systems for appropriate and safe handling of medicines with the exception of management of blank prescription forms.

- The systems for managing and storing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks. The practice had carried out an appropriate risk assessment to identify medicines that it should stock.
- The practice kept prescription stationery securely. However, on the day of inspection, we saw there was no

# Are services safe?

system in place to monitor the use of blank prescription forms for use in printers and handwritten forms. Blank prescription forms were not handled in accordance with national guidance as these were not recorded and tracked through the practice at all times.

- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines.
- Performance for the daily rate of prescribing (items prescribed per Specific Therapeutic prescribing data) of all antibacterial medicines was 0.65 which was better than the CCG average of 0.92 and the national average of 0.98.
- Performance for the percentage of antibiotic medicines prescribed that were Co-Amoxiclav (used to treat bacterial infections), Cephalosporins (usually prescribed for patients undergoing dialysis) or Quinolones (used to treat infections) was 9% compared to the CCG average of 10% and the national average of 9%.

## Track record on safety

The practice had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

## Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system and policy for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice. For example, we reviewed a significant event which highlighted error when handling a pathology sample. We saw the practice had investigated the incident, reviewed the operating procedure and developed a 'Carepoint Management' clinic protocol to ensure this did not happen again. All members of staff were reminded to follow the correct protocol when handling the pathology samples.
- There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts.

# Are services effective?

(for example, treatment is effective)

## Our findings

**We rated the practice and all of the population groups as good for providing effective services.**

(Please note: Any Quality Outcomes Framework (QOF) data relates to 2016/17. QOF is a system intended to improve the quality of general practice and reward good practice.)

### Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- Performance for the daily rate of prescribing of Hypnotics (medicines used to treat insomnia) was 0.67 which was below the CCG average of 0.70 and the national average of 0.90.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff used appropriate tools to assess the level of pain in patients.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

#### Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty. Those identified as being frail had a clinical review including a review of medication.
- Patients aged over 75 were invited for a health check. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan. Over a 12 month period the practice had offered 651 patients a health check. 564 of these checks had been carried out.
- The practice followed up on older patients discharged from the hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.

- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.

#### People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services.

The overall performance for various indicators (of most recent published QOF results) relating to long-term conditions was above the CCG and national averages. For example,

- The percentage of patients with diabetes, on the register, in whom the last HbA1c is 64 mmol/mol or less in the preceding 12 months (2016/17) was 94% (CCG average 77%; national average 80%) with an exception reporting of 23% (CCG 9%; national 12%). However, we noted in 2017/18 (unverified data), the practice exception reporting for this indicator was 21%. This was a 2% reduction from the previous year's data.
- The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less was 93% (CCG average 75%; national average 80%) with an exception reporting of 24% (CCG average 11%; national 13%). However, we noted in 2017-18 (unverified data), the practice exception reporting for this indicator was 23%. This was a 1% reduction from the previous year's data.
- 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 79% (CCG average 77%; national average 76%) with an exception reporting of 3% (CCG average 3%; national average 8%).
- The percentage of patients with chronic obstructive pulmonary disease (COPD) who had a review undertaken including an assessment of breathlessness



# Are services effective?

## (for example, treatment is effective)

using the Medical Research Council dyspnoea scale in the preceding 12 months was 99% (CCG average 93%; national average 90%) with an exception reporting of 19% (CCG 9%; national average 11%).

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were in line with the target percentage of 90% for three out of four immunisations measured for children under two years of age. On the day of the inspection, the practice had provided recent data which was ranged from 85% to 100%. The practice was aware of these results and had an effective recall system in place for child immunisation.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- All clinical staff demonstrated a clear understanding of the Gillick competency test. (These are used to help assess whether a child under the age of 16 has the maturity to make their own decisions and to understand the implications of those decisions).

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

- The practice's uptake for cervical screening was 67%, which was below the 80% coverage target for the national screening programme.
- The practices' uptake for breast and bowel cancer screening was below the national average. In total 48% of patients eligible had undertaken bowel cancer screening and 58% of patients eligible had been screened for breast cancer, compared to the national averages of 55% and 70% respectively.
- The practice had taken steps to promote the benefits of bowel, breast and cervical screening in order to increase patient uptake. The practice had advertised the relevant information on their website and displayed on the notice boards in the waiting area encouraging patients to take part in the national cancer screening programme.
- The practice was working in partnership with the local specialist hospital. They had developed a list and

proactively contacted eligible patients to promote the benefits of bowel cancer screening in order to increase patient uptake. However, recent data was not available to demonstrate the improvement.

- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. 53% NHS health checks had been completed for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.

People experiencing poor mental health (including people with dementia):

- Data from 2016/17 showed performance for dementia face to face reviews was above the CCG average and national average. The practice had achieved 96% of the total number of points available, compared to 83% locally and 84% nationally. Exception reporting was 9%, compared to the CCG average of 5% and the national average of 7%.
- 98% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This was comparable to the CCG average (92%) and national average (90%). Exception reporting was 8% compared to the CCG average of 9% and the national average of 13%.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example, 93% of patients experiencing poor mental health had received discussion and advice about alcohol consumption, compared to 93% locally and 91% nationally. Exception reporting was 21% compared to the CCG average of 7% and the national average of 10%.

# Are services effective?

## (for example, treatment is effective)

- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.

### Monitoring care and treatment

The most recent published Quality Outcome Framework (QOF) results for the period 1 April 2016 to 31 March 2017 were 100% of the total number of points available compared with the clinical commissioning group (CCG) average of 97% and the national average of 97%. The overall exception reporting rate was 20% compared with a national average of 10%. (QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate).

The provider acknowledged that improvement was required in its high levels of exception reporting. It told us new partnership had taken over the contract to run the practice in January 2017, nine months into the 2016/17 QOF year. The partners told us for the current QOF year (2017/18) a more structured and coordinated review and recall of patients on its disease registers had been implemented with the aim of reducing exception reporting. We noted that the practice followed the national QOF protocol for inviting patients three times for the review of their long term conditions and all potential exceptions of the patient from the recall programme were reviewed by a GP. The practice demonstrated its current achievement from its clinical system and an overview of how it was addressing the clinical areas where improvement had been identified. For example,

- The percentage of patients with hypertension having regular blood pressure tests was above the CCG and national average. The practice had achieved 99% of the total number of points available, compared to 84% locally and 83% nationally. Exception reporting was 27% compared to the CCG average of 4% and the national average of 4%. However, we noted in 2017-18 (unverified data), the practice exception reporting for this indicator was 12%. This was a 15% reduction from the previous year's data.
- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg

or less was 92% (CCG average 80%; national average 78%) with an exception reporting of 33% (CCG 8%; national 9%). However, we noted in 2017/18 (unverified data), the practice exception reporting for this indicator was 11%. This was a 22% reduction from the previous year's data.

The practice had a programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. For example, the practice had undertaken 24 clinical audits, three of these were full-cycle audits in the last year which were both CCG and practice-led.

- The practice used information about care and treatment to make improvements. For example, we saw evidence of repeated audit cycle of patients with atrial fibrillation (AF) (AF was a heart condition that caused an irregular and often abnormally fast heartbeat that could lead to blood clots, stroke, heart failure and other heart-related complications) not receiving appropriate anti-coagulation treatment (anticoagulants medicines were used to reduce the body's ability to form clots in the blood and prevent stroke).
- The aim of the audit was to identify the patients with AF and ensure they were correctly coded and receiving appropriate anti-coagulation treatment. The initial audit in November 2017 demonstrated that 122 out of 123 patients with AF were receiving appropriate anti-coagulation treatment and one patient was not correctly coded. The practice took required measures and we saw evidence that the practice had carried out follow up audit in February 2018 which demonstrated improvements in patient outcomes and found 100% AF patients were correctly coded and receiving appropriate anti-coagulation treatment.
- In February 2018, the practice had 124 patients with AF on the register which was 1.69% of the practice patients list size and higher than the CCG average.

Where appropriate clinicians took part in local improvement initiatives. For example,

- It was working closely with the medicine optimisation team and was one of the lowest prescribing practices in the locality and spent 20% less on their prescribing budget.
- The practice was one of the highest 'electronic' repeat prescribing practices in the CCG.

# Are services effective?

## (for example, treatment is effective)

- The practice was achieving the lowest average HBA1c (an indicator to measure blood sugar level) for diabetic patients in the CCG.

### Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.

- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. The induction process for healthcare assistants included the requirements of the Care Certificate. The practice ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

### Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from the hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

### Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Two-week wait referral data extracted from the Public Health England's National General Practice Profiles, for 2016/17 showed that the percentage of new cancer cases (among patients registered at the practice) who were referred using the urgent two-week wait referral pathway was 41%, which was statistically comparable to the CCG average of 51% and the national average of 52%. This gives an estimation of the practice's detection rate, by showing how many cases of cancer for people registered at a practice were detected by that practice and referred via the two-week wait pathway. Practices with high detection rates will improve early diagnosis and timely treatment of patients which may positively impact survival rates.
- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.

### Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately.

# Are services caring?

## Our findings

**We rated the practice, and all of the population groups, as good for caring.**

### Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- All but two of the 15 patient Care Quality Commission comment cards we received were positive about the service experienced. Two comment cards were mixed which highlighted some dissatisfaction about the appointment system. Five patients and two members of the patient participation group (PPG) we spoke with were also happy with the service. Patients providing positive feedback said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.
- We saw the NHS friends and family test (FFT) results for last 11 months and 91% patients were likely or extremely likely recommending this practice.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. Three hundred and forty-one survey forms were distributed and 112 were returned (a response rate of 33%). This represented about 1.6% of the practice population. The practice results were comparable for its satisfaction scores on consultations with GPs and nurses. For example:

- 82% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 83% and the national average of 89%.
- 91% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and the national average of 95%.
- 78% 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 86%.

- 85% of patients said the nurse was good at listening to them compared to the CCG average of 86% and the national average of 91%.
- 80% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 85% and the national average of 91%.

The provider had analysed the national GP patient survey results and developed an action plan in response to areas where improvement had been identified.

### Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services were available for patients who did not have English as a first language. We saw notices in the reception area informing patients this service was available. Patients were also told about multi-lingual staff who might be able to support them.
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

The practice had identified patients who were carers. The practice had identified 222 patients as carers (3% of the practice list). The practice's computer system alerted GPs if a patient was also a carer.

- Written information was available to direct carers to the various avenues of support available to them, for example respite breaks for patients with learning disability. Telephone consultations were offered to those who wanted to speak with a clinician but have mobility issues and to reduce problems for carers.
- The practice informed us they were working closely with patient participation group (PPG) to organise a joint carers event with a neighbouring practice on 13 June 2018.
- Staff told us that if families had experienced bereavement, their usual GP contacted them. This call

## Are services caring?

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.

Results from the national GP patient survey showed patients responded positively to questions regarding GPs about their involvement in planning and making decisions about their care and treatment. However, results were below the local and national averages for consultations with nurses.

- 79% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 79% and the national average of 86%.
- 76% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 74% and the national average of 82%.
- 75% of patients said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 85% and the national average of 90%.

- 69% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 80% and the national average of 85%.

The provider was aware that some of these results were below the local and national average, and informed us new nursing staff had been recruited since they had taken over the new contract to run the practice in February 2017. The provider had analysed the national GP patient survey results and provided the role specific training to all nursing staff to improve their consultation skills. However, a recent survey result was not available to evaluate the impact of changes implemented.

### Privacy and dignity

The practice respected patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- Conversations with receptionists could not be overheard by patients in the waiting room.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

**We rated the practice, and all of the population groups, as good for providing responsive services.**

### Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs. For example, the practice was proactive in offering online services, which included online appointment booking; an electronic prescription service and online registration.
- The facilities and premises were appropriate for the services delivered. The practice was sharing the waiting area with the other services.
- The practice made reasonable adjustments when patients found it hard to access services. For example, there were accessible facilities, which included a hearing loop, a disabled toilet and baby changing facility.
- 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. For example, the practice was trying to secure a funding to move the practice to a new hub location with more space and additional consulting rooms.
- The practice website was well designed, clear and simple to use featuring regularly updated information. The website also allowed registered patients to book online appointments and request repeat prescriptions.
- The practice had installed a multilingual touch screen check-in facility to reduce the queue at the reception desk. The practice website included a translation facility.
- The practice installed an automatic floor mounted blood pressure monitor in the premises for patients to use independently.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.
- The practice sent text message reminders of appointments and test results.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GP and practice nurse also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.
- The practice was a part of local Confederation (a network of 46 local GP practices). The practice informed us they were able to arrange GP home visits in collaboration with this Confederation if required at some nursing and residential homes.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

- We found there were systems 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 accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.

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

- The needs of this population group 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 opening hours on Monday to Friday from 7.30am to 8.30am.
- In addition, the patients at the practice were offered extended hours appointments through a locality hub

# Are services responsive to people's needs?

## (for example, to feedback?)

Monday to Friday from 6.30pm to 8pm, Saturday and Sunday from 8am to 8pm at three local locations. This extended hours service was offered in collaboration with local Confederation and funded by the local CCG.

- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice had worked closely with other organisations in planning how services were provided to ensure that they meet patients' needs. For example, the practice offered a substance abuse clinic monthly in collaboration with the drugs and alcohol service. There were 11 patients on the register who were reviewed regularly.

People experiencing poor mental health (including people with dementia):

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice held GP led dedicated monthly mental health and dementia clinics. Patients who failed to attend were proactively followed up by a phone call from a GP.

### Timely access to care and treatment

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- The practice was open from 8am to 6.30pm Monday to Friday. The practice offered a range of scheduled appointments to patients from 8.30am to 5.50pm including open access appointments with a duty GP throughout the day. In addition to pre-bookable

appointments, online appointments and urgent appointments were also available for patients that needed them. Pre-bookable appointments could be booked up to two weeks in advance.

- Most patients reported that the appointment system was easy to use. However, two out of five patients we spoke with highlighted some dissatisfaction about the availability of appointments with a named GP and continuity of care.
- We checked the online appointment records and noted that the next pre-bookable appointments with named GP was available within one to two weeks. We noted that the next pre-bookable telephone consultation appointment with any GP was available within one week. Urgent appointments with GPs or nurses were available the same day.
- The practice was encouraging patients to register for online services. For example, 12% patients were registered to use online Patient Access. This was a 6% increase from the previous year's data.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was comparable or below the local and national averages.

- 65% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 72% and the national average of 76%.
- 63% of patients said they could get through easily to the practice by phone compared to the CCG average of 68% and the national average of 71%.
- 81% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 81% and the national average of 84%.
- 77% of patients said their last appointment was convenient compared with the CCG average of 75% and the national average of 81%.
- 63% of patients described their experience of making an appointment as good compared with the CCG average of 67% and the national average of 73%.
- 54% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 51% and the national average of 58%.

# Are services responsive to people's needs?

(for example, to feedback?)

The provider had analysed the national GP patient survey results and developed an action plan to improve the access to the service. For example,

- The provider had recruited new reception staff and increased the number of reception staff answering the telephone calls during peak times.
- The practice had installed a new automatic telephone system and increased the telephone lines from four to 20 lines.
- One of the GP partners was randomly dialling in to monitor the waiting time to get through to the practice.

## **Listening and learning from concerns and complaints**

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. 10 complaints were received in the last year. We reviewed two complaints and found that they were satisfactorily handled in a timely way.
- The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care. For example, the practice had developed a referral processing protocol to quickly escalate queries and concerns to secondary care specialists.



# Are services well-led?

Good 

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

## Our findings

**We rated the practice and all of the population groups as good for providing a well-led service.**

### Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders had the experience, capability and integrity to deliver the practice strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills.

### Vision and strategy

The practice had a clear vision and credible strategy to deliver high quality, sustainable care.

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.
- The practice developed its vision, values and strategy jointly with patients, staff and external partners.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy.

### Culture

The practice had a culture of high-quality sustainable care.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems

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).

- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including nurses, were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.
- The practice offered annual and quarterly awards to the staff.

### Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Practice leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

### Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

# Are services well-led?

Good 

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

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Practice leaders had oversight of national and local safety alerts, incidents, and complaints.
- A comprehensive understanding of the performance of the practice was maintained through a variety of mechanisms. For example, the practice had developed and implemented a number of daily and weekly workflow processes for reception, clinical and managerial staff to manage and monitor the workload effectively.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.
- The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

## Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.

- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

## Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. For example, the practice had changed the structure of annual flu clinics and checked if the visiting patients required other immunisations, blood tests or due blood pressure readings, which resulted in integrated continuity of care, reduced the frequency of attendance at the practice and provided better appointment efficiency for the practice.
- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys including friends and family tests and complaints received. There was an active PPG which met on a regular basis and submitted proposals for improvements to the practice management team. We met two representatives of the PPG who told us the practice was responsive to ideas and feedback from patients. For example, the practice had upgraded telephone system, installed multilingual check-in screen, reviewed appointment booking system and introduced telephone consultations following feedback from the PPG. There was a dedicated notice board for the PPG.
- The practice and the PPG had worked with local schools and invited young school children to visit the practice. This programme was designed to educate children early about health promotion messages and children's art work was displayed on the 10 art display boards along the walls of the corridor in the premises.
- The service was transparent, collaborative and open with stakeholders about performance.

## Continuous improvement and innovation

There were evidence of systems and processes for learning, continuous improvement and innovation.

# Are services well-led?

Good 

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

- There was a focus on continuous learning and improvement at all levels within the practice.
- Staff knew about improvement methods and had the skills to use them.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.
- The practice demonstrated a number of innovative processes that had been developed and implemented for operational use at practice level. For example, a streamlined document handling system had been implemented to reduce the volume of clinical correspondence that GPs dealt with. This had successfully reduced the amount of time that the GPs spent on unnecessary paperwork. This had improved clinical coding, increased prevalence of conditions and improved the accuracy of medicines reconciliation following hospital discharges. This had enabled the practice to process repeat prescriptions and make referrals within 24 hours, and process urgent hospital documents and urgent medicine requests within two hours.
- A pathology management system had been implemented which allowed 95% of all results to be analysed and transferred into a patient-centred management plan within 24 hours. This process was operated by a trained clinical administrative staff member with regular oversight by one of the GP partners and the process was routinely audited.
- The practice had developed an online tool which allowed to run the searches to identify patients who would benefit from a health assessment (who had no previous diagnosis to-date), as well as to review patients who had one or more chronic conditions. The practice had developed enhanced templates and produced personalised care plans to ensure a patient was fully managed with specific conditions. For example, a personalised care plan had been produced for patients with chronic obstructive pulmonary disease (COPD) and asthma tailored to the severity of their condition, in addition to the standard plan built in the clinical software.
- The practice was in the process of installing a new online tool which would be useful to monitor the practice's performance across a range of indicators, for example the practice informed us that system would generate an auto-alert if a fridge temperature monitoring reading had not been recorded in the system.