

The Junction Medical Practice

Quality Report

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

Ratings

Overall rating for this service

Good



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Junction Medical Practice on 30 May 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 a system in place for reporting and recording significant events.
- The practice had clearly defined and embedded systems to minimise risks to patient safety.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- Results from the national GP patient survey showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.

- Patients we spoke with 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.
- 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 the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.

The area where the provider should make improvement are:

- Review procedures for managing repeat prescriptions, including steps to undertake earlier reviews of uncollected prescriptions.
- Consider carrying out regular fire drills to ensure that staff who may be required to work at both practice locations are familiar with evacuation procedures in each location.

Summary of findings

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- From the examples we reviewed, we found there was an effective system 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 were informed as soon as practicable, 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 to minimise risks to patient safety.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had adequate arrangements to respond to emergencies and major incidents.

Are services effective?

The practice is rated as good for providing effective services. .

Good



- Staff were aware of current evidence based guidance.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- The practice begun a programme of clinical audits with an aim to implement quality improvement.
- Staff had the skills and knowledge 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.
- End of life care was coordinated with other services involved.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Although data from the national GP patient survey was not yet available for the practice, data for the two founding practices showed patients from each of these rated the practice as comparable to others for most aspects of care.

Summary of findings

- The practice had identified more than 1% of its practice list as carers and had arrangements in place to provide additional support to these patients.
- Information for patients about the services available was accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Although data from the national GP patient survey was not yet available for the practice, data for the two founding practices showed patients rated the practice as comparable to others for most aspects of access to the service.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- Patients we spoke with 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.

Are services well-led?

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

Good



- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had policies and procedures to govern activity and held regular governance meetings.
- An overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- The partners encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged with the patient participation group.

Summary of findings

- There was a focus on continuous learning and improvement at all levels. Staff training was a priority and was built into staff rotas.
- GPs who were skilled in specialist areas used their expertise to offer additional services to patients.

Summary of findings

The six population groups and what we found

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

Older people

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

Good



- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Where older patients had complex needs, the practice shared summary care records with local care services, for instance the local integrated care management team.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible.
- The practice had made arrangements with an organisation that supported older people to have a volunteer attend the practice to provide a befriending service for patients experiencing or at risk of experiencing, social isolation.

People with long term conditions

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

Good



- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.
- All these patients had a named GP and there was a system to recall patients for a structured annual review to check their

Summary of findings

health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

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

- From the sample of documented examples we reviewed 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.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us, on the day of inspection, that children and young people were treated in an age-appropriate way and were recognised as individuals.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications.
- The practice had a significant population of younger adults and the practice website was used to provide useful information around sexual health screening and contraception

Good



Working age people (including those recently retired and students)

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

- The needs of these populations 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, extended opening hours and Saturday appointments.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

Good



People whose circumstances may make them vulnerable

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

Good



Summary of findings

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- 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 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 had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They 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.
- The practice population included a significant number of patients who were refugees from other countries and the practice had put arrangements in place to support these patients.

People experiencing poor mental health (including people with dementia)

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

- The practice carried out advance care planning for patients living with dementia.
- We saw unvalidated data that showed 85% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was comparable to the most recently published national average of 84%.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Good



Summary of findings

- Staff interviewed 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 practice opened in December 2016 following the merger of two existing practices. The most recent national GP patient survey results were published prior to December 2016 which means that no patient satisfaction data is currently available for the practice. We reviewed previous national GP survey results for the founding practices which showed that both practices were performing in line with local and national averages.

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

We received 33 comment cards which were all positive about the standard of care received. All of the cards reported that the care provided by the practice was of a high standard.

We spoke with seven patients during the inspection. All seven patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. The practice participated in the Friends and Family test; however no results were available at the time of the inspection.

Areas for improvement

Action the service **SHOULD** take to improve

- Review procedures for managing repeat prescriptions, including steps to undertake earlier reviews of uncollected prescriptions.
- Consider carrying out regular fire drills to ensure that staff who may be required to work at both practice locations are familiar with evacuation procedures in each location.

The Junction Medical 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 Junction Medical Practice

The Junction Medical Practice provides GP primary care services to approximately 5,800 people living in Tufnell Park, London Borough of Islington. The practice has a General Medical Services (GMS) contract for providing general practice services to the local population. A General Medical Services (GMS) contract is the contract between general practices and NHS England for delivering primary care services to local communities.

Information published by Public Health England rates the level of deprivation within the practice population group as three on a scale of one to ten. Level one represents the very highest levels of deprivation and level ten the lowest.

There are currently two GP partners, one male and one female. There are also four sessional GPs, three female and one male, all of whom work part-time. The practice provides a total of 18 GP sessions per week.

The clinical team is completed by three practice nurses and a health care assistant all of whom work part time. The health care assistant is also trained as a phlebotomist

(Phlebotomists are specialist healthcare assistants who take blood samples from patients for testing in laboratories). There are also a practice manager, two senior administrators and four administrative and reception staff.

The practice registered with the Care Quality Commission in January 2017 and was formed from the merger of two previously separate practices; Dr Renu Hans (also known as Dartmouth Park Practice) and Dr Heskel Kateb (also known as The Tufnell Surgery). The practice is registered to provide the regulated activities of maternity and midwifery services, diagnostic and screening procedures, family planning, treatment of disease, disorder or injury and surgical procedures.

The practice provides services from two locations, a main surgery and a branch surgery, which are located approximately 300 metres apart. The main surgery is located in a two storey building and patients are given the option of being seen on the ground floor. The branch surgery is sited entirely on the ground floor.

The opening hours for the main surgery are:

Monday 8am to 6:30pm

Tuesday 8am to 6:30pm

Wednesday 8am to 6:30pm

Thursday 8am to 1:30pm

Friday 8am to 6:30pm

Saturday Closed

Sunday Closed

The opening hours for the branch surgery are

Monday 8am to 6:30pm

Detailed findings

Tuesday 8am to 6:30pm

Wednesday 8am to 1:30pm

Thursday 8am to 6:30pm

Friday 8am to 6:30pm

Saturday Closed

Sunday Closed

Appointments are from 8:30am to 12:30pm every morning and 3:30pm to 6:30pm daily. On Wednesday afternoons when the main surgery is closed, patients can visit the branch surgery and on Thursday afternoons when the branch surgery is closed, patients can visit the main surgery. In addition to pre-bookable appointments that can be booked up to six weeks in advance, urgent appointments are also available for patients that need them.

The practice also has access to pre-bookable appointments with GPs and nurses at a local hub. These are available between 6:30pm and 8pm from Monday to Friday and between 8am and 8pm on Saturdays and Sundays.

The practice has opted not to provide out of hours services (OOH) to patients and these were provided on the practice's behalf by London Central & West Unscheduled Care Collaborative (LCW). The details of the how to access the OOH service are communicated in a recorded message accessed by calling the practice when it is closed and details can also be found on the practice website.

Patients can book appointments in person, on-line or by telephone. Patients can access a range of appointments with the GPs and nurses. Face to face appointments are available on the day and are also bookable up to six weeks in advance. Telephone consultations are offered where advice and prescriptions, if appropriate, can be issued and a telephone triage system is in operation where a patient's condition is assessed and clinical advice given. Home visits are offered to patients whose condition means they cannot visit the practice.

The practice provides a wide range of services including clinics for diabetes, asthma, contraception and child health care and also provides a travel vaccination clinic. The practice also provides health promotion services including a flu vaccination programme and cervical screening.

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.

This practice had not been inspected before.

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 30 May 2017. During our visit we:

- Spoke with a range of staff (two GPs, practice manager, administration manager, non-clinical staff) and spoke with patients who used the service.
- Observed how patients were being cared for in the reception area and talked with carers and/or family members
- Reviewed a 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.
- Visited the main surgery and the branch surgery.
- Looked at information the practice used to deliver care and treatment plans.

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?

Detailed findings

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 living with dementia).

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

Are services safe?

Our findings

Safe track record and learning

There was a system 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.
- The practice had recorded three significant events since it had registered in December 2016. We reviewed one of these where the process of report, investigate and share learning process had been completed and we found that the patient had been kept 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.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. The practice carried out a thorough analysis of the significant events.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, we saw from the record we reviewed that as a result of the incident, the practice had reviewed its clinical guidelines around urgent cancer referrals and had ensured that all clinicians were briefed on changes made.
- The practice also had a process in place to monitor trends in significant events and evaluate any action taken but had not yet been in existence long enough to demonstrate how this had been followed through. However, when we spoke with the GP partners, we saw that each was familiar with the significant event history of both founding practices.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding 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. From the sample of two documented examples we reviewed we found that the GPs attended safeguarding meetings when possible or provided reports where necessary for other agencies.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs and nurses were trained to child protection or child safeguarding level 3. Non-clinical staff were trained to child safeguarding level 1.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place. The practice undertook minor surgery at one of the registered locations and we saw that a detailed cleaning protocol was in place for the treatment room used for this purpose. The protocol was followed whenever the treatment room was to be used and before any examinations or procedures took place.
- One of the nursing team was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training. The practice had undertaken external and internal audits within the previous twelve months and we saw evidence that action was taken to address any improvements identified as a result. For instance, in one consulting room we noted that the sink and taps used for hand washing did not conform to best practice, as the sink had an overflow and stopper and the taps were hand

Are services safe?

operated. However, we saw evidence that the practice had recently secured funding to change these. We also noted that the waste bin in the same room was hand operated but the practice could show us that they had ordered a foot-operated bin several weeks earlier although their supplier had delivered an incorrect model which had had to be returned.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- There were processes for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred. The practice told us that uncollected prescriptions were reviewed monthly and those still uncollected after a period of six months were destroyed and patient notes updated to reflect this. However, when we looked through uncollected prescriptions at the branch surgery, we found prescriptions which had been issued up to eight months previously. None of these were for high risk medicines. The practice carried out regular medicines audits, with the support of the local clinical commissioning group 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 to monitor their use. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction (PSD) from a prescriber. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment). PSDs are written instructions from a qualified and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis). All PGDs and PSDs that we reviewed were properly signed and within their expiry dates.
- The practice maintained stocks of emergency medicines at the main surgery and the branch surgery. The range

of emergency medicines held reflected the regulated activities undertaken and there was a procedure in place to monitor these monthly although we noted that the expiry date had recently passed on one of the epinephrine autoinjectors (generally referred to as an EpiPen) held at the branch surgery. The practice already had a second unit available but also secured a replacement for the date expired unit. (An epinephrine autoinjector is a medical device for injecting a measured dose or doses of epinephrine (adrenaline) by means of autoinjector technology. It is most often used for the treatment of anaphylaxis).

We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available.
- The practice had an up to date fire risk assessment and carried out regular fire drills. There were designated fire marshals within the practice. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises. However the practice had not undertaken a full fire-drill since the two previously separate practices had merged which meant that staff who now worked across both sites might not be familiar with fire evacuation plans in whichever surgery was less familiar to them.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments 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).
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet

Are services safe?

patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients. The practice had a policy to ensure that each member of staff had a working knowledge of all administrative and reception functions. Staff we spoke with told us this meant they maintained competencies in a range of roles and enjoyed a varied working day.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements 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. However, although the defibrillator and oxygen were in working order on the day of the inspection, we noted the practice did not have a process in place to ensure they would be in working order in the event of an

emergency and when we checked the oxygen levels in the main surgery, we noted that the cylinder was less than half full. A first aid kit and accident book were available. The day after the inspection, we were provided with evidence that an additional supply of oxygen had been ordered for the main surgery and a process to ensure regular checks were undertaken was put in place.

- 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, with the exception of the EpiPen, were in date and stored securely. The EpiPen was replaced immediately.
- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff but we were told that no copies of this plan were currently held off-site. This meant that in the event of the location where the plan was stored becoming inaccessible, staff would not be able to consult the plan. Immediately after the inspection, a copy of the continuity plan was sent to every member of staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems 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 showed us the three most recent updates received from NICE, the Medicines and Healthcare products Regulatory Agency (MHRA) and NHS England and we saw that these had been reviewed by a GP partner and distributed to all clinical staff by the practice manager.
- 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 Junction Medical Practice had only been providing services for five months prior to our inspection. This meant that there was no published or independently verified QOF performance data at the time of our inspection.

As part of this inspection, we reviewed performance data for the two founding practices and found that both were performing in line with local and national averages for all clinical indicators prior to merging into a single practice. For instance, data from 2015/2016 showed that one of the founding practices, Dr Heskell Kateb had achieved 99.9% of the total number of points available, whilst the other founding practice, Dr Renu Hans, had achieved 97.7% of the total number of points available. Both were above the clinical commissioning group (CCG) and national averages which were 95%. Overall exception reporting rates for both practices were also in line with local and national averages.

The practice produced data (that had not been published or independently verified at the time of our inspection) from an analysis of their performance, which showed that in the three months from January 2017 to March 2017:

- 86% of patients had well controlled blood sugar levels. (The most recent published data showed that the national average for this indicator was 78% for the year 2015/2016). The percentage of patients on the diabetes register, whose last measured total cholesterol (measured within the preceding 12 months) was 5 mmol/l or less was 80% (2015/2016 national average 80%).
- 97% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the record. (The most recent published data showed that the national average for this indicator was 89% for the year 2015/2016). Unvalidated data also showed that 85% of patients diagnosed with dementia had had a care plan reviewed in a face to face meeting (2015/2016 national average 84%).
- 84% of patients with hypertension had well controlled blood pressure. (2015/2016 national average 83%).
- 88% had had an asthma review in the preceding 12 months using a nationally recognised assessment tool. (2015/2016 national average 76%).
- 95% of patients with COPD had received a review of their care (2015/2016 national average 90%).

There was evidence of quality improvement including clinical audit:

- In the five months since the formation of the practice, there had been two clinical audits. Although neither of these were audits were completed two cycle audits on the day of the inspection, we were told that a second cycle was due to be completed on the first of these on the day after the inspection. We were sent evidence that this had happened and we were provided with details of the completed audit the week after the inspection. A completed audit is an audit where the improvements made were implemented and monitored.
- The completed audit had been undertaken to ascertain whether patients diagnosed with atrial fibrillation had been prescribed anticoagulation treatment to prevent stroke and systolic embolism. The first audit cycle was undertaken in November 2016. This has identified 56 patients diagnosed with atrial fibrillation. Twenty two of

Are services effective?

(for example, treatment is effective)

these patients had not been prescribed anticoagulant treatment and of these, six patients were identified as being suitable for treatment. All six patients were invited to attend GP appointments to discuss their conditions and treatment options although one of the patients did not attend and the remaining five patients declined to receive treatment. The audit was discussed in the practice clinical meeting where clinical guidance around anticoagulation treatment for the prevention of stroke and systolic embolism in patients with atrial fibrillation was discussed. Nurses and GPs were reminded to ensure that risk assessments were completed for patients at risk of stroke or transient ischemic attack (TIA), for instance patients reaching the age of 75. Clinicians were also reminded to discuss treatment options with newly identified patients as well as with patients who had previously declined treatment. The practice undertook a second cycle in June 2017 and had found that although the total number of patients diagnosed with the condition had risen from 56 to 72, the number of patients suitable for, but not receiving treatment, had remained the same and were the same patients who had declined treatment in November 2016. This showed that clinicians were correctly identifying and prescribing treatment for eligible patients. A further audit cycle was planned for later in 2017 to ensure that standards were maintained as the merged practice aligned the clinical processes of the founding practices.

- One of the founding practices was inspected in December 2015 and during that inspection we noted that a total of 10 clinical audits had been completed in the preceding two years and these had been shared with the newly formed practice and we were told that where possible, future audits would build on these. Two of those audits were completed audits where the improvements made were implemented and monitored. Findings had been used by the practice to improve services.

Effective staffing

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.

- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. We saw training records which showed that nursing staff had received refresher training in diabetes management, asthma and chronic obstructive pulmonary disorder (COPD). Chronic obstructive pulmonary disease is the name for a collection of lung diseases including chronic bronchitis, emphysema and chronic obstructive airways disease.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of 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 and nurses. 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.
- We noted that as this practice had been formed from the merger of two previously separate practices, staff had been encouraged and facilitated to work in both sites in order to become familiar with the whole practice population, provide enhanced resourcing flexibility and ensure that both locations followed the same processes to support patients.

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.

Are services effective?

(for example, treatment is effective)

- From the sample of four documented examples we reviewed we found that the practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- The practice provided GP services to a local residential care home and we were told that one GP session per week was provided at the home for the benefit of the patients. When undertaking this session, the GP used a laptop computer which had full access to the practice computer system. This meant the GP could issue prescriptions, make referrals and update care plans in real time. The practice nurse held a monthly clinic at the home and used this to support residents with long term conditions as well as provide support to staff around wound management and other care related matters.
- 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. Information was shared between services, with patients' consent, using a shared care record. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs. For example, we saw minutes from integrated care meetings attended by Multidisciplinary meetings and care plan formulations fortnightly attended by GPs and other professionals including a social worker, a mental health community nurse, community matron and representatives of support organisations.

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. We saw evidence that the practice had recently been involved in a peer review of end of life care with other practices in the locality and had identified learning points from that meeting to improve how patients approaching the end of life were supported. For instance, we saw that the practice had begun to review patients who had had unplanned admissions to hospital to help identify patients who might benefit from having discussions around end of life care.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The practice was registered to carry out minor surgical procedures and we saw that an appropriate consent form was used to record the details and known risks of procedures carried out. We saw examples of this form properly completed and placed in patient records.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to relevant services. 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.
- Smoking cessation advice was available at the practice and patients requiring specialist dietary advice were referred to a local clinic.

We were unable to assess the practice's performance for the cervical screening programme, as this information had not yet been published. However, the practice showed us unvalidated data for 2016/2017 which showed the practice uptake for the cervical screening programme was 75%. The most recently published data covered the twelve month period of 2015/2016 and showed the national average at that time to be 81%. There was a policy to offer telephone or written 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 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

Are services effective?

(for example, treatment is effective)

screening programmes for bowel and breast cancer but we were unable to assess the practice's performance for these screening programmes, as this information had not yet been published.

We were also unable to formally assess the practice's performance for childhood immunisation, as this information had not yet been published. However, the practice showed us data which showed the practice was performing well in this area although this data had not yet been validated. This data showed childhood immunisation

rates for the vaccinations given were comparable to national averages. There are four areas where childhood immunisations are measured; each has a target of 90%. The practice exceeded the target in all four areas.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

During our inspection we observed that 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.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- 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.
- Patients could be treated by a clinician of the same sex.

All of the 33 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt practice staff were helpful, caring and treated them with dignity and respect.

We spoke with seven patients. They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments highlighted that staff responded compassionately when they needed help and provided support when required. Patients told us they thought that clinical and non-clinical staff knew them well and treated them with respect.

The practice had not yet received its own results from the national GP patient survey. This survey shows how patients feel they were treated with in regard of compassion, dignity and respect. However we looked at the results for both of the founding practices published in July 2016 and saw that the Dr Renu Hans practice and the Dr Kateb practice had been rated broadly comparable with national averages.

The practice had reviewed the respective findings of the national GP survey and had begun a process of building on the strengths of each practice where these were identified. For instance, the practice was aware that access to GPs had been an issue for patients at one surgery and had changed the appointment process so that patients could be seen at either surgery. The practice had reviewed informal feedback received since the merger and had noted that patients had responded well to the possibility of being

seen at either site and more choice of doctors, including a choice of female and male doctors. However the overall impact of any changes made had not yet been properly measured.

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.

Children and young people were treated in an age-appropriate way and recognised as individuals.

Results from the national GP patient survey for the founding practices 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.

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

- Staff told us that interpretation 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. The branch surgery had an automated self-check-in system which presented instructions in ten locally prevalent community languages. Patients were also told about multi-lingual staff who might be able to support them and this included staff who were able to communicate in a range of languages including Arabic, Urdu, Russian and Spanish.
- Information leaflets were available in easy read format.
- The Choose and Book service was used with patients as appropriate. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital.
- The practice website included information about, or links to, a wide range of health related resources. This included helpful advice around for example, seasonal health, sexual health and many common illnesses and conditions.

Are services caring?

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. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 85 patients as carers (over 1% of the practice list). Carers, who were not already in a priority category, were invited to receive annual

flu vaccination, offered NHS health checks and given advice around respite funding where this was helpful. Written information was available to direct carers to the various avenues of support available to them, including the local carers support network. Older carers were offered timely and appropriate support.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- There were longer appointments available for patients with a learning disability. Patients with learning disabilities were also prioritised for urgent appointments and would often be seen without an appointment.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice had made arrangements with an organisation that supported older people to have a volunteer attend the practice to provide a befriending service for patients experiencing or at risk of experiencing, social isolation.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately and the practice was a registered yellow fever clinic.
- There were accessible facilities, which included a hearing loop, and interpretation services available.
- The practice had a significant population of younger adults and the practice website was used to provide useful information around sexual health screening and contraception.
- Other reasonable adjustments were made and action was taken to remove barriers when patients find it hard to use or access services.
- The practice has considered and implemented the NHS England Accessible Information Standard to ensure that disabled patients receive information in formats that they can understand and receive appropriate support to help them to communicate.
- Both GP partners had a special interest in dermatology and were qualified to perform minor surgery in this field.

- The practice population included a higher than normal prevalence of people experiencing poor mental health and the practice had arranged to host a counsellor at the practice and referred patients to this service when this was helpful. Same day appointment with GPs were provided for patients experiencing crisis or deterioration of symptoms.
- The practice population included a significant number of patients who were refugees from other countries and the practice had put arrangements in place to support these patients. For instance, the GP partners each dedicated one hour of their own time per week to these patients with housing difficulties and applications or appeals around their residency status. The practice had researched other ways of supporting refugees and had referred a number of patients to an organisation who specialised in treating refugees diagnosed with post-traumatic stress disorder, including those who had been subjected to torture or other degrading experiences.

Access to the service

Both practice locations were open between 8am and 6:30pm Monday to Friday, except for Wednesday afternoons when the main surgery closed at 1:30pm and Thursday afternoons when the branch surgery closed at 1:30pm. Appointments were from 8:30am to 12:30pm every morning and 3:30pm to 6:30pm daily except for Wednesday afternoons when the main surgery closed at 1:30pm and Thursday afternoons when the branch surgery closed at 1:30pm. However, the surgeries were located within 300 metres of each other and on those afternoons when their preferred surgery was closed, patients could visit the surgery that was open. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for patients that needed them.

The practice also had access to pre-bookable appointments with GPs and nurses at a local hub. These were available between 6:30pm and 8pm from Monday to Friday and between 8am and 8pm on Saturdays and Sundays.

The practice had not yet received its own results from the national GP patient survey which meant it could not demonstrate patient satisfaction levels around access to

Are services responsive to people's needs?

(for example, to feedback?)

care and treatment. However, results for the two founding practice were published in July 2016 and these showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages.

We saw evidence that the practice had reviewed these results and were evaluating an action plan to bring about improvements in areas where satisfaction levels had been lower than average. For instance, the practice recognised that by investing in a telephone system that could ring across both locations, access to the practice by telephone could be improved quickly. The practice told us they were in the process of identifying a suitable system.

Patients told us on the day of the inspection that they were able to get appointments when they needed them and we saw that GP appointments were available on the day of the inspection and the following day.

The practice had a system to assess:

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

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 a system 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 included posters about the complaint process in the waiting area and a detailed description about the process on the practice website, including the facility to make a complaint online.

The practice had only received one complaint in the five months since it had been providing services. We looked at this complaint and noted that it was still being investigated in accordance with practice policy. Records we saw indicated that a thorough investigation had been carried out and lessons already learned had been disseminated to staff improve the quality of care.

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 which, although not displayed in the waiting areas, was well known to and understood by staff.
- The practice had a clear strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- The practice had a Practice Charter which set out the standards of service which patients could expect to receive at the practice and this was readily available on the practice website.

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 and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- A comprehensive understanding of the performance of the practice was maintained. Practice meetings were held monthly which provided an opportunity for staff to learn about the performance of the practice.
- The founding practices had had individual programmes of continuous clinical and these were brought to the new practice to ensure that previous learning was shared and built upon. We saw that internal audit was used to monitor quality and to make improvements.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints.

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.

We were told that each of the partners dedicated one hour per week to support practice patients who were refugees. This work was done on a pro bono basis and involved writing letters of support to various agencies, assisting with housing difficulties and residency status appeals as well as helping patients to access relevant support organisations. Staff at the practice told us this made them feel proud and was reflective of the shared values of the practice.

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). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. From the documented example we reviewed we found that the practice had systems 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 and staff felt supported by management.

- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- 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. Minutes were comprehensive and were available for practice staff to view.
- Staff told us the partners often provided the team with lunch and arranged an annual Christmas social function.

Are services well-led?

Good 

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

- 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 the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients and staff and at the time of the inspections was in the process of establishing a patient participation group (PPG) for the new practice. This had advertised this on the practice website and in patient waiting areas and minutes from PPG meetings of one of the founding practices were also available on the practice website and we were told this was to help maintain a sense of continuity for patients. The practice proactively sought feedback from:

- the NHS Friends and Family test, complaints and compliments received.
- staff, through away days, one to one meetings and generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice told us their application to be involved in the first pilot of the General Practice Resilience Programme had been accepted and a round of funding had recently been agreed. This funding would be used to improve operational stability, develop more effective ways of working and work towards future sustainability by exploring new care models.