

# Dr D Frost and Partners

## 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

## Contents

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	10
Areas for improvement	10
Outstanding practice	10

### Detailed findings from this inspection

Our inspection team	11
Background to Dr D Frost and Partners	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr D Frost and Partners on 24 February 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.

- Patients said that 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 and complied with the requirements of the Duty of Candour.

We saw one area of outstanding practice:

- Ninety-three percent of patients had signed up for an online account. This enabled up to 60% of on the day bookable appointments to be booked online. The practice had achieved this by effective promotion of the service.

The areas where the provider should make improvement are:

- To review how it identifies and records patients with caring responsibilities.

# 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



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

### Are services effective?

The practice is rated as good for providing effective services.

Good



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

### Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the National GP Patient Survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.

# Summary of findings

- We saw that 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.

- 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 had introduced an online appointment booking service. This had proven popular and 93% of registered patients had an account.
- Patients said they found it easy to make an appointment with a GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



## Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken

Good



# Summary of findings

- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

# Summary of findings

## The six population groups and what we found

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

### Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice had introduced a “green card” system for older and vulnerable patients giving them priority access to appointments.

Good



### People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- 80% of patients with diabetes, on the register, had a last measured total cholesterol (measured within the preceding 12 months) of 5 mmol/l or less, which was comparable to the national average of 79%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



### Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.

Good



# Summary of findings

- 84% of women aged 25-64 notes recorded that a cervical screening test had been performed in the preceding 5 years, which was comparable to the national average of 79%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

## **Working age people (including those recently retired and students)**

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that 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.

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

**Good**



## **People experiencing poor mental health (including people with dementia)**

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

**Good**





# Summary of findings

- 94% of patients with physical and/or mental health conditions notes recorded their smoking status in the preceding 12 months, which was comparable the national average of 94%.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

# Summary of findings

## What people who use the service say

The national GP patient survey results published on 2 July 2015 showed that the practice was performing in line with local and national averages. Two hundred and seventy-eight survey forms were distributed and 115 were returned. This represented one percent of the practice's patient list.

- 53% of patients found it easy to get through to this surgery by phone compared to a national average of 64%.
- 77% of patients were able to get an appointment to see or speak to someone the last time they tried (national average 71%).
- 91% of patients described the overall experience of their GP surgery as fairly good or very good (national average 81%).

- 91% of patients said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (national average 76%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 22 comment cards which were all positive about the standard of care received. Patients said that the staff were always friendly, polite and helpful. They also said that they were always listened to by the doctors.

We spoke with 16 patients during the inspection. All 16 patients said they were happy with the care they received and thought staff were approachable, committed and caring. The practice participated in the NHS friends and family test (FFT) (FFT is an anonymised method of asking patients if they would recommend the practice to a friend or family member). Eighty percent of patients responding to the FFT said they would recommend the practice.

## Areas for improvement

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

- To review how it identifies and records patients with caring responsibilities.

## Outstanding practice

- Ninety-three percent of patients had signed up for an online account. This enabled up to 60% of on the day bookable appointments to be booked online. The practice had achieved this by effective promotion of the service.

# Dr D Frost and Partners

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to Dr D Frost and Partners

Dr D Frost and Partners provides primary medical services in the London Borough of Barnet to approximately 18,500 patients and is one of sixty-two member practices in the NHS Barnet Clinical Commissioning Group (CCG).

The practice population is in the third less deprived decile in England with less than CCG and national average representation of income deprived children (15% compared to a national average level of income deprivation affecting children of 20%) and older people. The practice population has a lower than average percentage of people aged over 65, with a greater than average percentage of people under 18. The practice had surveyed the ethnicity of the practice population and had determined that 64% of patients identified as having white ethnicity, 18% Asian, 8% black and 10% as having mixed or other ethnicity.

The practice operates from a purpose built property arranged over three floors with most patient facilities on the ground and first floors. All floors are accessed via stairs and lift and are wheelchair accessible. There are offices for administrative and management staff on all floors.

The practice operates under a Personal Medical Services (PMS) contract and provides a number of local and national enhanced services (enhanced services require an increased level of service provision above that which is normally required under the core GP contract). The enhanced services it provides are: alcohol screening; childhood vaccination and immunisation scheme; facilitating timely diagnosis and support for people with dementia; improving patient online access; influenza and pneumococcal immunisations; learning disabilities; minor surgery; risk profiling and case management; rotavirus and shingles immunisation; and extended hours access.

There are 13 permanent GPs including four female and three male partners working between them a whole time equivalent (WTE) of 5 GPs, and four female and two male associate salaried GPs (WTE of 4). The GPs provide a total of 73 sessions per week. It is a teaching and training practice with three GP registrars. There were no undergraduate trainee doctors at the practice at the time of our inspection. The nursing team consists of five part-time nurses (WTE 2) and three health care assistants (HCAs) (WTE 2).

The non-clinical staff consist of 11 administrative and clerical staff including a full-time practice manager, a full-time business manager and a part-time human resources lead. In addition there are 11 receptionists.

The practice is open between 8.00am and 6.30pm Monday to Friday. Appointments are from 8.00am to 12.30pm and from 2.30pm to 6.30pm daily. Extended surgery hours are offered on Monday Tuesday Wednesday and Friday from 7.30am until 8.00am and on Tuesday and Wednesday from 6.30pm until 7.30pm. The practice is part of a local GP federation enabling patients to be seen at one or other of the member's locations until 8.00pm on Monday to Friday and on Saturday and Sunday mornings. The practice has

# Detailed findings

opted out of providing out of hours (OOH) services to patients between 6.30pm and 8.00am and directs patients to the OOH provider for NHS Barnet CCG (Barndoc Healthcare Ltd).

Dr D Frost and Partners is registered as a partnership with the Care Quality Commission to provide the regulated activities of: diagnostic and screening procedures; treatment of disease, disorder or injury; surgical procedures; maternity and midwifery services; and family planning.

Dr D Frost and partners has not previously been inspected by CQC.

## Why we carried out this inspection

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

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 24 February 2016. During our visit we:

- Spoke with a range of staff including GPs, nurses, HCAs, receptionists and administrators. We also spoke with patients who used the service.

- Observed how patients were being cared for and talked with carers and/or family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

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

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

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, a patient was referred for specialist treatment. The request was refused as the patient had already had one course of treatment. The GP telephoned and explained that the patient was not entitled to another course of treatment. It was only during a second telephone conversation that the GP realised that the letters on the file related to two different patients with similar names, and that they were talking to the wrong patient. The GP apologised to the patient for the mistake. The GP communicated the breach of information governance, and actioned the referral for treatment, to the hospital. The GP reflected that in future they would clarify patient's identity during initial conversations.

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

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements, and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding

meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs and nurses were trained to Safeguarding level 3.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS check) (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable health care assistants to administer vaccinations after specific training when a doctor or nurse were on the premises. 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.

## Are services safe?

- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body. Four staff records, however, did not have DBS checks. The practice showed us evidence that applications had been made for DBS checks for all staff without a DBS check on their record.
- There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number, and mix, of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training 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. There was a defibrillator available on the premises. During our inspection the practice placed an order and subsequently provided us with proof that the paediatric pads were delivered the day after our inspection. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

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

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results showed that the practice had gained 97% of the total number of points available, with 5% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). Data from 2014-15 showed;

- Performance for diabetes related indicators was similar to the national average. For example, 80% of patients with diabetes, on the register, had a last measured total cholesterol (measured within the preceding 12 months) of 5 mmol/l or less compared to a national average 79%.
- 81% of patients with hypertension had a last blood pressure reading, measured in the preceding 12 months of 150/90mmHg or less, which was similar to the national average 82%.
- Performance for mental health related indicators was similar to the national average. For example: 92% of patients with schizophrenia, bipolar affective disorder or other psychoses had a comprehensive, agreed, care plan documented in their record in the preceding 12 months (national average 91%).

Clinical audits demonstrated quality improvement.

- There had been four clinical audits undertaken in the last two years, three of these were completed two cycle audits where the improvements made were implemented and monitored. For example, the local Clinical Commissioning Group (CCG) had expressed concern about the number of MRI (Magnetic resonance imaging (MRI) is a type of scan that uses magnetic fields and radio waves to produce detailed images of the inside of the body) referrals by local GPs. A GP from the practice helped to draw up referral guidelines for the CCG at a Barnet-wide multidisciplinary meeting. The practice, following the agreed referral guidelines, conducted an audit of its MRI referrals for the GPs in the practice. It found that of 193 referrals over a three month period only 60 (31% of referrals) clearly followed the guidelines. The practice held a meeting of all doctors to review the guidelines and agreed that one GP would review all MRI referrals before submission. On re-audit in September 2015 it was found that of 23 referrals 15 (65% of referrals) clearly followed the guidelines.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result included an audit of patients with osteoporosis to find out how many were taking vitamin D supplements. The audit found that 38% of patients with osteoporosis were taking prescribed vitamin D. Following feedback from patients it was found that some were taking over the counter supplements and others were unable to take vitamin D due to contraindications with their other prescribed medicines, while other patients were unaware of the importance of taking vitamin D. Following patient education as to the importance of this supplement, the re-audit found that 53% of osteoporotic patients were taking prescribed vitamin D supplements.

### Effective staffing

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

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



# Are services effective?

## (for example, treatment is effective)

- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. Staff administering 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 during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

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

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

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred to, or after they

were discharged back from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

### Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through records audits.

### Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and asthma. Patients were then signposted to the relevant service.
- The practice ran a number of clinics including: antenatal; asthma; chronic obstructive pulmonary disease (COPD); diabetes; developmental baby checks; well woman / gynaecological clinic; cryotherapy; joint injection; healthy artery; blood pressure, sexual health, and travel (including yellow fever). A dietician and smoking cessation advice were available from a local support group.

The practice's uptake for the cervical screening programme was 84%, which was comparable to the national average of 79%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme, including for those



## Are services effective?

(for example, treatment is effective)

with a learning disability, and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were similar to or better than national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 84% to 90% (national average 69% to 75%) and five year olds from 65% to 93% (national average 64% to 91%).

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

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

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

All of the 22 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

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

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

- 92% said the GP was good at listening to them compared to the CCG average of 88% and national average of 89%.
- 92% said the GP gave them enough time (CCG average 85%, national average 87%).
- 94% said they had confidence and trust in the last GP they saw (CCG average 95%, national average 92%).
- 88% said the last GP they spoke to was good at treating them with care and concern (CCG average 84%, national average 85%).

- 84% said the last nurse they spoke to was good at treating them with care and concern (CCG average 87%, national average 90%).
- 81% said the last nurse they saw or spoke to was good at explaining tests and treatments (CCG average 86%, national average 90%).
- 93% said they found the receptionists at the practice helpful (CCG average 84%, national average 87%).

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

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

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

- 89% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and national average of 86%.
- 90% said the last GP they saw was good at involving them in decisions about their care (CCG average 80%, national average 81%).
- 76% said the last nurse they saw was good at involving them in decisions about their care (CCG average 80%, national average 85%).
- 81% of patients said the last nurse they saw or spoke to was good at explaining tests and treatments (CCG average 86%, national average 90%).

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

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

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

## Are services caring?

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. However, the practice had only identified 158 people (one percent of the practice list) as carers.

Staff told us that if families had suffered bereavement, their usual GP contacted them by telephone, or visited or sent them a sympathy card. This was followed by a consultation at a flexible time and location to meet the family's needs. They were then offered in-house counselling or referral to local support services.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice had been asked by NHS England to provide a write-up of its experience of improving access for patients to online services. This project had been led by two GPs with an interest in IT. Up to 60% of bookable on the day appointments could be booked online. During busy periods of the year the practice reduced the number of online bookable appointments to give more control over appointment availability. This worked in conjunction with the text reminder system that supported patients in cancelling their appointment if it was no longer needed. Patient take up had been positive with 93% of patients having an account. The practice told us that they believed the high uptake was due to its advertising the service in face to face interactions, on its noticeboards and website, on social media and at local pharmacies. The practice reported that there had been some early resistance to online booking of appointments from older patients which had been overcome by some of them using it as an incentive to start using the internet.

In addition to this the practice worked to ensure its services were accessible to different population groups. For example:

- The practice offered a 'Commuter's Clinics' on Monday and Friday from 7.30am and on Tuesday and Wednesday from 6.30pm until 7.30pm for working patients who could not attend during normal opening hours. Those clinics included sexual health screening and gynaecological appointments to enable the working female population to attend.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.

- There were disabled facilities, a hearing loop and translation services available.
- The practice had a lift to make the first and second floors accessible to patients with mobility problems.
- The practice provided its vulnerable patients with a priority telephone number for easier access. In conjunction with this it had introduced a 'green-card and admission avoidance' system for its older and vulnerable patients so that an alert was displayed on the computer screen. This alerted staff to provide additional care and to provide same day appointments even when fully booked.
- The practice had introduced a buddy system, so that the 13 GPs were divided into three groups (Red, Blue and Green) of GPs. Each group tended to see patients whose preferred GP was one of that group. This system was bolstered by each group meeting to discuss their patients. The result was that patients who could not see their preferred GP would be able to see one of the 'buddy' GPs, who would be familiar with their situation.

### Access to the service

The practice was open between 8.00am and 6.30pm Monday to Friday. Appointments were available from 8.00am to 12.30pm and from 2.30pm to 6.30pm daily. Extended surgery hours were offered on Monday Tuesday Wednesday and Friday from 7.30am until 8.00am and on Tuesday and Wednesday from 6.30pm until 7.30pm. The practice was part of a local GP federation enabling patients to be seen at one or other of the members' locations until 8.00pm Monday to Friday and on Saturday and Sunday mornings. Pre-bookable appointments could be booked up to two weeks in advance. The practice had found that this reduced the number of patients failing to attend appointments. Urgent appointments were also available for people that needed them.

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

- 83% of patients were satisfied with the practice's opening hours compared to the CCG average of 69% and national average of 75%.
- 53% of patients said they could get through easily to the surgery by phone (national average 64%).
- 25% of patients said they always or almost always see or speak to the GP they prefer (national average 30%).

# Are services responsive to people's needs?

(for example, to feedback?)

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

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

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.

- We saw that information was available to help patients understand the complaints system. There was a leaflet available in the reception area, and information on the practices' website explaining the complaints procedure.

We looked at six complaints received in the last 12 months and found that these were satisfactorily handled, dealt with in a timely way, with openness and transparency. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. For example, a patient complained following the loss of a clinical specimen. The practice acknowledged the complaint, then investigated the circumstances and reflected on the matter. It gave the patient an apology and also provided further training to reception staff in how to accept samples from patients.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

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

- The practice had a mission statement which was available as a leaflet in the reception area and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

### Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- There was a programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership and culture

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

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

When there were unexpected or unintended safety incidents:

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

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did. We noted team away days were held every year. Staff were also rewarded for achievements with an 'extra mile' award. For example, a member of staff attended an incident outside the practice and translated for the injured person to help them understand the paramedics. The member of staff received a card and gift voucher for their efforts.
- 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, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example the PPG had worked with staff on a pilot scheme to introduce an email prescription request system.
- The practice had gathered feedback from staff through staff away days and generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or

# Are services well-led?

Good 

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

issues with colleagues and management. For example, reception staff noticed that the patient self-check in screen was fully utilised, but there were still patients queuing to check in. The practice installed a second check-in screen which considerably reduced the waiting times for patients. Staff told us they felt involved and engaged to improve how the practice was run.

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. The practice had set up a working party including staff with an interest in IT and the patient participation group to work improve its use of IT, such as the electronic check-in screens.

## Continuous improvement