

# St James Medical Practice Limited

## 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 St James Medical Practice Limited on 30 March 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.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- The practice held regular meetings where all staff members were invited and practice achievements and targets were discussed.
- 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.
- The practice had completed a number of risk assessments to ensure patient safety including a fire risk assessment and a legionella assessment.
- 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. There was an active patient participation group who was engaged in how the practice was run.
- The provider was aware of the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements and shared learning and outcomes with relevant staff members.
- The practice was clean and tidy and had regular infection control audits and had carried out the actions identified as a result.
- The management team maintained a training matrix and all staff had completed their mandatory training.

# Summary of findings

- We reviewed examples of care plans and found learning disabilities and dementia care plans were not comprehensive.
- Results from the national GP patient survey showed patients did not always feel they were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment. However the practice carried out its own patient survey that had more positive results and had put actions in place for improvement.
- Childhood immunisation rates were below the national averages.

The areas where the provider should make improvement are:

- Review the systems and templates used for care planning to ensure they are fit for purpose.
- Continue to work to improve patient satisfaction with services provided.
- Continue to work to improve the uptake of childhood immunisation rates and bowel screening.
- Ensure all relevant staff members are competent in the use of the vaccine fridge data logger.

**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 sample of documented 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.
- All staff members who acted as a chaperone received training and had a DBS check, there were notices in the patient waiting area, on consulting room doors and in consulting rooms advising of this service.
- We observed that the practice was clean and tidy, there was an infection control policy and audit in place and we saw that actions identified as a result had been carried out.
- All electrical equipment had been checked to ensure that it was in good working order and clinical equipment had been calibrated to ensure it was safe and fit for purpose.
- The practice had adequate arrangements to respond to emergencies and major incidents.
- On the day of inspection the fridge temperature was 13 degrees, which was above recommended guidelines and the practice did not have a data logger to assure them of the duration that the fridge had been at that temperature.

### 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 comparable to the CCG and national averages, the practice achieved
- Staff were aware of current evidence based guidance and regularly discussed these at clinical meetings.
- A programme of clinical audits demonstrated continuous quality improvement.

# Summary of findings

- Staff had the skills and knowledge to deliver effective care and treatment and often worked in teams to do this.
- 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.
- Childhood immunisation rates were lower than the CCG and national averages as was the uptake for bowel screening.

## 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 below average for several aspects of care.
- The practice's own survey information we reviewed showed that 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 accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice had identified 1% of its patients list as a carer and provided them with coffee mornings and educational sessions.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

**Good**



- The practice understood its population profile and had used this understanding to meet the needs of its population. For example the practice had a Turkish speaking interpreter on the premises every Tuesday.
- The practice had extended hours appointments on a Monday evening until 8pm and was a part of a local HUB that provided GP appointments on weekday evenings and on weekends when the practice was closed.
- 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 with the PPG designed its own patient survey in response to the GP patient survey.

# Summary of findings

- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and evidence from three examples reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

## Are services well-led?

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

Good



- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to 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 provider was aware of the requirements of the duty of candour. In two examples we reviewed we saw evidence the practice complied with these requirements and shared outcomes and learning with relevant staff members.
- 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 worked closely with the patient participation group who were routinely invited to practice and clinical meetings.
- 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.
- All these patients had a named GP.
- 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 included the out of hours 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 identified 1% of its patient list as a carer.

### People with long term conditions

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

Good



- GPs and Nursing staff had lead roles in long-term disease management and had support from administration staff members. Patients at risk of hospital admission were identified as a priority.
- The practice ran multi-disease management clinics for patients who had more than one long term condition.
- The practice held Saturday flu vaccination clinics.
- 92% of patients on the diabetes register had a record of a foot examination and risk assessment compared to the national average of 90%; exception reporting for diabetes related indicators was 0.6%, which was significantly lower than the CCG average of 13% and the national average of 12%.

# Summary of findings

- 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 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.
- The practice held education sessions for patients; recent topics included diabetes and blood pressure.

## 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 below the national average for all standard childhood immunisations.
- Parents told us on the day of inspection that their children and teenagers were treated in an age-appropriate way and were recognised as individuals.
- The practice provided support for premature babies and their families following discharge from hospital.

Appointments were available outside of school hours and the premises were suitable for children and babies.

- The practice ran extra clinical sessions during historical busy periods like winter months.
- The practice worked with midwives, health visitors and school nurses to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics.
- The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications.

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).

Good





# Summary of findings

- The needs of this population 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.
- The practice provided up to 217 telephone consultations per week for patients who were unable to attend the practice or who had issues that did not require a face to face appointment.
- The practice was a part of a local HUB which provided GP appointments on weekday evenings and on weekends when the practice was closed.
- 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.

## People whose circumstances may make them vulnerable

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

Good



- The practice held a register of patients living in vulnerable circumstances including homeless people, asylum seekers 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 and an annual review 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.
- All staff members had received vulnerable adults training.

## 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

- The practice carried out advance care planning for patients living with dementia; however we saw that these were not comprehensive.
- 94% of patients diagnosed with dementia had their care plan reviewed in a face to face meeting in the preceding 12 months compared to the CCG average of 85% and the national average of 84%, exception reporting was 0%, which was lower than the CCG average of 6% and the national average of 7%.
- The practice specifically considered the physical health needs of patients with poor mental health and dementia, they were provided with priority appointments, alerts were put on their electronic records and they received reminders in advance of their appointments.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- 88% of eligible patients on the mental health register had a record of cervical screening test carried out, which was higher than the national average of 80%.
- The practice piloted the wellness mental health project, which focussed on patients with mental illness.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- Patients at risk of dementia were identified and offered an assessment.
- 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.
- 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 national GP patient survey results were published in July 2016. The results showed the practice was performing below local and national averages. Three hundred and sixty survey forms were distributed and 115 were returned. This represented 0.8% of the practice's patient list.

- 55% of patients described the overall experience of this GP practice as good compared with the CCG average of 75% and the national average of 85%.
- 42% of patients described their experience of making an appointment as good compared with the CCG average of 65% and the national average of 73%.
- 46% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 67% and the national average of 78%.

Due to a CQC administration error patient comment cards were not used as a part of this inspection.

We spoke with eight patients during the inspection. All eight patients said they were happy with the care they received and thought staff were compassionate, approachable, committed and caring. The practice participated in the Friends and Family Test, 442 surveys were completed between April 2016 and February 2017. Eighty four percent of patients said they would be extremely likely or likely to recommend the practice, 6% said they would be neither likely nor unlikely to recommend the practice, 7% said they were unlikely or extremely unlikely to recommend the practice and 3% stated they do not know whether they would recommend the practice.

## Areas for improvement

### Action the service SHOULD take to improve

The areas where the provider should make improvement are:

- Review the systems and templates used for care planning to ensure they are fit for purpose.
- Continue to work to improve patient satisfaction with services provided.
- Continue to work to improve the uptake of childhood immunisation rates and bowel screening.
- Ensure all relevant staff members are competent in the use of the vaccine fridge data logger.

# St James Medical Practice Limited

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector who was supported by a GP specialist adviser.

## Background to St James Medical Practice Limited

St James Medical Practice Limited is located in Walthamstow in north east London in a purpose built health centre, which it shares with local community services such as health visitors and the community nursing team. There is a free patient and staff car park and the practice has good transport links.

The practice is one of 43 member GP practices in Waltham Forest Clinical Commissioning Group (CCG) and was a teaching and training practice until August 2016.

There are approximately 13,000 patients registered at the practice, 6% of patients are over the age of 65 which is lower than the CCG average of 10% and the national average of 17%. The practice serves an ethnically diverse population and is located in the third most deprived decile areas in England.

The practice has one male and one female GP partner, four female salaried GPs and four long term locums who carry out a total of 43 sessions per week. There is one practice nurse who carries out seven sessions per week, two health care assistants and a practice pharmacist. The practice also

has a management team consisting of a business manager, a clinical services manager and a deputy manager as well as a number of reception and administration and reception staff members.

The practice operates under a Personal Medical Services (PMS) contract (a locally agreed alternative to the standard GMS contract used when services are agreed locally with a practice which may include additional services beyond the standard contract).

The practice is open Monday to Friday from 8am to 6:30pm except for Mondays when the practice closes at 8pm. Phone lines are answered from 8am and the locally agreed out of hours service covers calls made to the practice when the practice is closed. Appointment times are as follows:

- Monday 8am to 1pm and 4pm to 8pm
- Tuesday 8am to 1pm and 4pm to 6:30pm
- Wednesday 8am to 1pm and 4pm to 6:30pm
- Thursday 8am to 1pm
- Friday 8am to 1pm and 4pm to 6:30pm

St James Medical Practice Limited operates regulated activities from one location and is registered with the Care Quality Commission to provide treatment of disease disorder or injury, maternity and midwifery services and diagnostic and screening procedures.

## Why we carried out this inspection

We inspected this service as part of our comprehensive programme, This location had previously been inspected in

# Detailed findings

August 2016 and was rated as requires improvement in caring, responsive and well-led and good in safe and effective, which gave an overall rating of requires improvement.

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. We carried out an announced visit on 30 March 2017. During our visit we:

- Spoke with a range of staff including GPs, a nurse, a health care assistant, a practice pharmacist, management and reception/administration staff members. We also 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.

- 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?

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 a duty of candour folder which contained a policy and all the practice's duty of candour incidents, which included correspondence from and to patients and minutes of meetings where incidents were discussed and the learning from these incidents were highlighted.
- The practice had 22 significant events in the 12 months preceding the inspection, we viewed three documented examples and found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, 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 viewed a significant event about vaccines being delivered to the practice and not being put into the fridge as required by the manufacturer's instructions. We saw that the practice contacted the manufacturers and as a result of their advice the vaccines were disposed of. This incident was discussed at a practice meeting where the policy for the receiving and storing of vaccines were reviewed and all staff members signed it to state that they understand their role and responsibilities in relation to it.

- The practice also monitored trends in significant events and evaluated any action taken.

### 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 in hard copy and also accessible on all computers in the practice. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead GP for safeguarding and vulnerable adults and children on the safeguarding register had a named GP. From the sample of one documented example we reviewed we found that the GPs 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 the nurse were trained to child safeguarding level three and non-clinical staff were trained to level one.
- A notice in the waiting room, on all consulting room doors and in all consulting rooms 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.
- One of the GP partners 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. Regular audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.

## Are services safe?

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 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 (PGD) (written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment) had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health care assistants were trained to administer influenza and pneumonia vaccines and patient specific directions (PSD) from a prescriber were produced appropriately. PSDs are written instruction, 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.
- The practice had a cold chain policy, fridge temperatures were monitored twice daily by reception staff members who were trained for the role, all vaccines we checked were in date and there was clear use of rotation, however on the day of inspection the fridge temperature was 13 degrees, which was above recommended guidelines and the practice did not have a data logger to assure them of the duration that the fridge had been at that temperature. When the reset button was pressed the fridge read 4.6 degrees, which was within normal levels. We saw that the practice contacted the manufacturers of the vaccines and followed their guidance and purchased a data logger by the end of the inspection. Post inspection we were sent evidence that staff members had been retrained on how to manage the cold chain and use the data logger.

We reviewed four 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, liability insurance 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 and weekly fire alarm testing. 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.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order, the next check was due in March 2018.
- 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 patients' needs. There was a rota system and all staff booked annual leave in advance to ensure enough staff were on duty to meet the needs of patients. We saw that the practice reviewed its appointment system to identify the busiest times of year and put on extra clinical sessions during these periods, which included Saturday clinics during the winter.

### 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 all computers in the practice which alerted staff to any emergency.

## Are services safe?

- The practice organised externally facilitated basic life support training twice a year and all staff members were up to date with this training. Emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely as was the disposable clinical equipment.

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 and the GP partners and management team kept copies of site to access in case of emergency when there is limited access to the practice building.



# 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 monitored that these guidelines were followed through discussions at regular clinical meetings.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 97% of the total number of points available compared with the clinical commissioning group (CCG) and national average of 95%. There was an overall exception reporting rate of 9%, which was comparable to the CCG average of 7% and the national average of 6%. Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects

This practice was not an outlier for any QOF (or other national) clinical targets. Data from QOF showed:

- Performance for diabetes related indicators was similar to the national averages. For example 92% of patients on the diabetes register had a record of a foot examination and risk assessment compared to the national average of 90%; exception reporting for diabetes related indicators was 0.6%, which was significantly lower than the CCG average of 13% and the national average of 12%.
- Performance for mental health related indicators was similar to the CCG and national averages. For example 94% of patients diagnosed with dementia had their care

plan reviewed in a face to face meeting in the preceding 12 months compared to the CCG average of 85% and the national average of 84%, exception reporting was 0%, which was lower than the CCG average of 6% and the national average of 7%.

There was evidence of quality improvement including clinical audit:

- There had been four clinical audits commenced in the last year, two of these were completed audits where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, we reviewed an audit which aimed to identify patients being prescribed diclofenac to ensure prescribing was appropriate and followed the most recent NICE guidelines. The first audit found 29 patients were being prescribed diclofenac, 21 of those patients had been prescribe for in line with current guidelines. Eight patients were found to not have been prescribed a proton pump inhibitor (PPI) with the diclofenac tablets as suggested by NICE guidelines and of those eight patients seven were issued the medicine by a locum GP. As a result of the first audit 20 of the 29 patients had diclofenac removed from their acute prescription list. These findings and actions were discussed at a clinical meeting where the guidelines were reviewed and it was agreed to discuss with locum GPs the need to prescribe PPIs with diclofenac. The second audit found four patients were being prescribed diclofenac, two of whom were not prescribed a PPI and their prescriptions were issued by a locum GP. The practice held a clinical meeting where the importance of ensuring that all new locum GPs are verbally updated on guidelines for prescribing diclofenac and details were updated in the locum pack.

Information about patients' outcomes was used to make improvements such as: the practice introduced multiple disease management clinics where patients with more than one long term condition would be invited for one annual review to review all their conditions at the same time. We were told that this increased the number of patients that attended for an annual review.

### Effective staffing

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

# Are services effective?

## (for example, treatment is effective)

- 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 management team maintained a training matrix which highlighted what training staff had completed, what training was required and when the training was due. The practice had also signed up to an e-learning training system that provided staff members with all the training modules that they required, this was done in conjunction with practical training.
- 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 and providing patients with smoking cessation advice.
- 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, attendance at updates and mentoring.
- 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, 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.

### 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.

- From the sample of three 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.

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. However we viewed a sample of care plans and found that mental health and learning disabilities care plans were not comprehensive.

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.

### 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 discussions at practice meetings.

### 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:

# Are services effective?

(for example, treatment is effective)

- Patients receiving end of life care, patients with cancer, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.
- A dietician was available from a local support group and smoking cessation advice was available on the premises.

The practice's uptake for the cervical screening programme was 81%, which was the same as the CCG and the national average. Exception reporting was 4%, which was lower than the CCG average of 10% and the national average of 7%.

There was a policy to offer telephone, text 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 opportunistic screening, putting alerts on the patients' record, using information in different languages and 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 screening programmes for bowel and breast cancer. Uptake for breast cancer screening was comparable to the CCG and national average, for example 71% of females aged between 50 to 70 were screened for breast

cancer in the last 36 months compared to the CCG average of 69% and the national average of 73%. Forty five percent of persons aged 60 to 69 were screened for bowel cancer in the last 30 months compared to the CCG average of 49% and the national average of 58%.

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.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were comparable to CCG averages and lower than the national averages. For example, rates for the vaccines given to under two year olds averaged at 87% compared to the national average of 90%. Rates for vaccines given to five year olds averaged at 79%, compared with the CCG averages of 78% to 89% and the national averages of 88% to 94%. The practice had clinical leads who were supported by administration team members who monitored immunisation uptake and put plans in place for improvement. Quarterly meetings were immunisations were discussed, targets were reviewed, non-responders were looked at and decisions were made as to how best to engage them.

# 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 request to be treated by a clinician of the same sex.

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 eight patients including two members of the patient participation group (PPG). They told us they were very happy 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. We were given the example of the practice opening on a Saturday especially for a patients immediate family to discuss with them the implications and treatment plan for their family member who had a lifesaving operation the day before.

Results from the national GP patient survey showed patients did not always feel they were treated with compassion, dignity and respect. The practice was below average for its satisfaction scores on consultations with GPs and nurses. For example:

- 77% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 83% and the national average of 89%.
- 74% of patients said the GP gave them enough time compared to the CCG average of 80% and the national average of 87%.

- 89% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 91% and the national average of 95%.
- 70% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 78% and the national average of 85%.
- 75% of patients said the nurse was good at listening to them compared with the CCG average of 86% and the national average of 91%.
- 79% of patients said the nurse gave them enough time compared with the CCG average of 87% and the national average of 92%.
- 96% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 94% and the national average of 97%.
- 77% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 84% and the national average of 91%.
- 74% of patients said they found the receptionists at the practice helpful compared with the CCG average of 83% and the national average of 87%.

The practice was aware of their low patient satisfaction scores and discussed this with their PPG and devised their own patient survey which was completed by 242 patients who attended the practice. The results showed that 89% of patients said they were treated with dignity and respect, 5% said they neither agree nor disagreed with being treated with dignity and respect and 6% stated they disagree that they were treated with dignity and respect. When asked was reception staff helpful, 88% of patients responded positively, 5% neither agreed nor disagreed and 7% disagreed. We saw that the practice initiated multiple disease clinics, which encouraged patients to attend for their annual reviews but also gave them longer time to discuss any issues and concerns and the practice now uses regular locums who are treated as part of the practice team and follow the practice ethos, which the practice hoped would improve the next GP patient survey results.

### 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

## Are services caring?

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 practice's patient survey supported this view. We also saw that care plans were personalised.

Parents we spoke with told us they felt their children and teenagers were treated in an age-appropriate way and recognised as individuals.

Results from the national GP patient survey showed patients did not always respond positively to questions about their involvement in planning and making decisions about their care and treatment. Results were below local and national averages. For example:

- 69% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 79% and the national average of 86%.
- 60% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 74% and the national average of 82%.
- 71% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 85% and the national average of 90%.
- 62% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 80% and the national average of 85%.

The practice carried out its own patient survey of 242 patients and when asked whether the practice involved patients in decisions about their care and treatment, 74% of patients responded positively, 12% neither agreed nor disagreed and 14% disagreed. When asked whether they were satisfied with the advice and treatment received from the GP or nurse, 78% responded positively, 16% neither agreed nor disagreed and 6% stated that they disagreed.

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. Patients were also told about multi-lingual staff who might be able to support them. The practice also had a large number of patients who had Turkish as their first language. The practice ensured a Turkish speaking interpreter was on the premises every Tuesday. All Turkish speaking patients knew about this service and took the opportunity to use it.

- Information leaflets were available in easy read format and some were translated into different languages.
- 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).

### **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 154 patients as carers (1% of the practice list). Written information was available to direct carers to the various avenues of support available to them, there was a notice board in the practice dedicated to carers' information. The practice held coffee mornings for Carers to give advice and support and enable Carers to meet with other patients who were in the same position as themselves and the practice had also held an education session for patients. Older carers were offered timely and appropriate support; Carers were also offered a seasonal flu vaccination and an annual health review.

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:

- The practice offered extended hours on a Monday evening until 8pm for working patients and patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- 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.
- The practice sent text message reminders of appointments.
- Patients were able to receive travel vaccines available on the NHS, those only available privately were referred to other clinics.
- There were accessible facilities, which included a hearing loop, and interpretation services available, with a Turkish speaking interpreter on the premises every Tuesday.
- Other reasonable adjustments were made and action was taken to remove barriers when patients find it hard to use or access services, such as the practice purchasing a wheelchair to help patients with limited mobility to manoeuvre around the practice.
- The practice had 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.
- The practice held patient education meetings; recent topics included diabetes education and blood pressure information.

### Access to the service

The practice was open Monday to Friday from 8am to 6:30pm except for Mondays when the practice closed at 8pm. Phone lines were answered from 8am and the locally agreed out of hours service covered calls made to the practice when the practice was closed. Appointment times were as follows:

- Monday 8am to 1pm and 4pm to 8pm
- Tuesday 8am to 1pm and 4pm to 6:30pm
- Wednesday 8am to 1pm and 4pm to 6:30pm
- Thursday 8am to 1pm
- Friday 8am to 1pm and 4pm to 6:30pm

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.

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

- 64% of patients were satisfied with the practice's opening hours compared with the CCG average of 72% and the national average of 76%.
- 40% of patients said they could get through easily to the practice by phone compared to the CCG average of 61% and the national average of 73%.
- 73% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 79% and the national average of 85%.
- 85% of patients said their last appointment was convenient compared with the CCG average of 88% and the national average of 92%.
- 42% of patients described their experience of making an appointment as good compared with the CCG average of 65% and the national average of 73%.
- 36% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 45% and the national average of 58%.

The practice were aware of the length of time that it took patients to get through to them by telephone, a review of the telephone system was carried out and found that almost equal amounts of calls were made to the practice by practice patients as calls made to the practice by people

# Are services responsive to people's needs?

(for example, to feedback?)

calling that were not patients and wanted to talk to the health care centre staff where the practice was based. This resulted in the clogging the practice phone lines making it difficult for patients to get through. We saw that the practice discussed the issue with the PPG, a new telephone provider was chosen and the PPG were involved in designing how the new telephone system would work, including a message to redirect people who call the practice for the health centre. The PPG had a date set where they would product test the telephone system before it went live in May 2017. The PPG and the practice stated that these changes would improve patient satisfaction with making an appointment and getting through easily to the practice by telephone.

The practice had increased the number of GPs working at the practice as well as the times that clinical sessions were run to give patients more flexibility in when appointments were available and to also increase the number of appointments. We looked at practice data and found on an average week in 2016 there were 569 GP appointments compared to 786 GP appointments in 2017, Nurses appointments also increased on average by 50 appointments per week. The practice also put on additional clinical sessions during busy periods, this included doing Saturday sessions.

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

The practice had a system to assess:

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

Reception staff members informed the GP when a home visit request was made; the GP would then contact the patient to assess the urgency of the request. 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.
- One of the GP partners was the lead person who handled all complaints in the practice and was supported by the management team.
- We saw that information was available to help patients understand the complaints system. There was information in the practice leaflet and on the practice website and there were notices displayed in the patient waiting area.

We looked at three out of 18 complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way with openness and transparency. Lessons were learned from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, we viewed a complaint from a patient who was upset that they were unable to be seen by a GP due to turning up 15 minutes late for an appointment. We saw that the practice sent the patient an acknowledgement letter as well as a letter of apology containing the practice policy on lateness. This complaint was discussed at a practice meeting where the policy was reviewed and staff members were reminded that the final decision as to whether a patient would be seen after arriving late remained with the clinician that they were due to see.

# 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 displayed in different areas around the practice and staff knew and understood the values.
- The practice had a clear strategy and supporting business plans which reflected the vision and values and were regularly monitored. This included signing up to new schemes such as the building general practice resilience programme which funded practices to identify areas in their clinical practice that required improvement and put a plan in place to achieve the improvement, the practice focused on chronic kidney disease and explored initiating e-clinics.

### 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 as well as the roles of other staff members. GPs and nurses had lead roles in key areas. For example GPs and nurses had lead roles in different chronic diseases, there was also an administration staff member lead for each chronic disease and they met regularly to discuss their targets and achievement.
- Practice specific policies were implemented and were available to all staff electronically and in hard copy. 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. There were also specific meetings held by the practice to review the practice performance for example immunisation and cytology meetings.
- A programme of continuous clinical and 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. For example all staff members were required to carry out a risk assessment associated with their role, which included looking at their chairs, desks and lighting.
- 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 and the management team demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems 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 sample of two documented examples 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 a duty of candor folder with written records of verbal interactions as well as written correspondence. The folder also contained minutes of meetings where incidents under the duty of candor were discussed and outcomes and learning was shared.

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.



# Are services well-led?

Good 

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

- Hospital consultants from differing specialities were routinely invited to clinical meetings to provide teaching sessions to clinical staff members.
- Staff told us the practice held regular team meetings and we saw evidence that supported this.
- 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. We noted team away days were held every six months. Minutes were comprehensive and were available for practice staff to view.
- Staff said they felt respected, valued and supported. 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. It proactively sought feedback from:

- patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements and worked closely with the practice management team. For example, the PPG members were routinely invited to attend and participate in clinical and practice meetings (were not privy to patient identifiable information), the PPG worked with the practice and NHS property services in the practices re-development plans, reviewed the practice reviews with the management team on NHS choices and were involved in the designing of the new practice telephone system.
- the NHS Friends and Family test, complaints and compliments received and held regular meetings where these were discussed.
- 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 issues with colleagues and management add your own examples of where the practice had listened to staff feedback. Staff told us they felt involved and engaged to improve how the practice was run.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. The practice held regular education sessions for patients and for clinical staff members by inviting hospital consultants to clinical meetings to provide training sessions. The practice worked closely with their PPG and involved them in many aspects of how the practice was run. The practice monitored its performance against external sources and put plans in place for improvement for example the GP patient survey was monitored and as a result the PPG was consulted and a practice survey was devised and immunisation, cytology and QOF achievement was monitored and as a result the practice formed teams that included a clinical and non-clinical staff member who worked closely together and held regular review meetings.