

Mollison Way Surgery

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 Mollison Way Surgery on 14 September 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 provider was aware of and complied with the requirements of the duty of candour.
- The practice had clearly defined and embedded systems to minimise risks to patient safety.
- Staff were aware of current evidence based guidance. Staff had the skills and knowledge to deliver effective care and treatment and liaised with other health and social services professionals to coordinate care.
- Staff were proactively supported to maintain their professional development and acquire new skills. They had access to appropriate and bespoke training to meet their learning needs and to cover the scope of their work.
- Patient feedback was mixed when compared against other practices. The patient feedback we received was positive. Patients said they were treated with compassion and were involved in their care and decisions about their treatment.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- 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.

Summary of findings

- The practice used innovative and proactive methods to improve patient outcomes and worked with other local and national healthcare providers to share best practice.

We saw areas of outstanding practice:

- The electronic dashboard used across the provider group was a powerful tool for understanding the practice's comparative performance across a range of clinical indicators and had helped drive local improvement, for example in managing diabetes.
- Staff had access to a learning and development portfolio featuring training programs tailored for each staff role. For example, fortnightly web-based training

for healthcare assistants; development support for practice nurses; a development programme for practice managers and a fortnightly consultant led learning program for clinicians.

The areas where the provider should make improvement are:

- The practice should continue with its focus to improve patient experience as measured by the national GP patient survey.
- The practice should ensure it documents its response to recommendations arising from its Legionella risk assessment so it can demonstrate that all identified risks have effectively mitigated.

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 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.
- The practice had defined and embedded systems, processes and practices to minimise risks to patient safety.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had arrangements to respond to emergencies and major incidents.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Quality and Outcome Framework (QOF) data 2016/17 showed that the practice had achieved good outcomes for patients despite taking over the practice contract part way through the financial year.
- There were effective systems to ensure that clinicians were up to date with national and locally agreed guidelines.
- Clinical audits demonstrated quality improvement.
- Staff were proactively supported to develop their skills and had access to appropriate and bespoke training to meet their learning needs and to cover the scope of their work.
- The practice used innovative and proactive methods to improve patient outcomes and worked with other local and national healthcare providers to share best practice.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- End of life care was coordinated with other services involved.

Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- Data from the national GP patient survey showed patients rated the practice somewhat below others for several aspects of care. The survey might not present an accurate picture of the current service following the change of provider.
- Patients who participated in the inspection said they were treated with compassion and they were involved in decisions about their care and treatment. We saw staff treated patients with kindness and respect, and maintained patient confidentiality
- Information for patients about the services available was accessible. The practice made information available in a number of locally spoken languages.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice understood its population profile and had used this understanding to meet the needs of its population. For example, the practice was focusing on providing more integrated management of diabetes.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions as part of their care planning.
- 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.
- Information about how to complain was available and evidence from four examples reviewed showed the practice responded quickly to issues raised. Learning was shared with staff and other stakeholders.

Good



Are services well-led?

The practice is rated as good for providing well-led services.

- 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.
- High standards were promoted and owned by all practice staff and teams worked together across all roles.
- There was a clear leadership structure and staff felt supported by management.

Good



Summary of findings

- 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.
- The practice had policies and procedures to govern activity and held regular governance meetings.
- The practice leaders 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.
- There was a high level of constructive engagement with staff. The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on.
- The practice was developing a patient participation group.
- There was a 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.

Good



- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and priority appointments for those with enhanced needs.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Older patients were provided with advice and coordinated support to help them to maintain their health and independence for as long as possible.
- In 2016/17 the practice achieved influenza vaccination uptake for the over 65 year group of 75%.

People with long term conditions

The practice is rated as good for people with long term conditions.

Good



- The clinical pharmacist and nursing staff had lead roles in long term disease management. Patients at increased risk of hospital admission were identified as a priority.
- The practice monitored its performance in managing long term conditions with an electronic 'dashboard' which displayed up to date information on the practice's progress compared against other practices in the provider group.
- 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.
- 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.

Summary of findings

Families, children and young people

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

Good



- 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.
- For newly registering families with a child under five, the practice offered a face to face consultation for the child. This enabled the practice to identify any special needs and offer early intervention to support the family.
- In 2016/17, the practice achieved the 90% immunisation targets for standard childhood immunisations.
- Appointments were available outside of school hours. The premises were suitable for children and babies and the practice had baby changing facilities and could provide a private area for breast feeding. These facilities were signposted within the waiting room area.
- The practice worked with midwives, health visitors and school nurses as appropriate to support this population group, for example providing shared antenatal and postnatal care for practice patients with the local community midwifery team.
- The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications.

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



- The needs of working age people 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, opening on Saturday morning.
- The practice offered pre-bookable face to face consultations, telephone consultations and the facility for patients to securely email their doctor with any non urgent questions or queries. The practice was proactive in offering online services, which included online appointment booking; an electronic prescription service and online registration.
- The practice promoted self management for minor ailments through an online symptom checker and patient information on common conditions.

Summary of findings

- The practice provided a full range of health promotion and screening services reflecting the needs for this age group, for example cervical screening, sexual health and contraceptive services; and the meningitis ACWY vaccination for older teenagers and students.
- The practice uptake rate for cervical screening was 80% in 2016/17 which was close to the clinical commissioning group (CCG) average of 77% and the national average of 81%. The practice exception rate for this indicator was 12% which was in line with the CCG-wide exception rate of 11%.

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 identified and regularly reviewed patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability and an annual health check.
- Staff were trained to consider the wider circumstances of vulnerable patients and the impact on other family members and carers.
- 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.
- It was practice policy to encourage travellers and homeless patients to register with the practice, using the practice address if necessary.

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

- 86% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the national average of 84%. The practice did not report any exceptions for this indicator.
- The practice specifically considered the physical health needs of patients with poor mental health and dementia.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- 93% of patients diagnosed with a psychosis had a comprehensive care plan in their records compared to the national average of 90%. The practice did not report any exceptions for this indicator.
- 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.

Summary of findings

What people who use the service say

The most recent national GP patient survey results were published in July 2017. The survey was carried out shortly after the practice was taken over by the current provider.

The results showed the practice tended to perform below the local and national average. For this survey, 372 survey forms were distributed and 100 were returned. This represented 2% of the practice's patient list and a response rate of 27%.

- 66% of patients described the overall experience of this GP practice as good compared with the clinical commissioning group (CCG) average of 81% and the national average of 85%.
- 66% were able to get an appointment to see or speak to someone the last time they tried compared with the CCG average of 80% and the national average of 84%.
- 69% of patients described the receptionists at this surgery helpful compared with the CCG average of 84% and the national average of 87%.

- 92% of patients had confidence and trust in the last GP they saw or spoke to compared with the CCG average of 95% and the national average of 95%.

The practice had carried out its own online survey in May 2017 mirroring the questions from the national survey. The results were more positive and closer to the CCG and national average scores. For example, 81% (of 376 participating patients) described the overall experience of this GP practice as good.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 11 comment cards, ten of which included positive comments about the staff and the quality of care. One card included critical comments about the care received prior to the current provider taking over the service. Several cards commented that the service had improved. We spoke with one patient group representative who told us that the practice was improving and had made changes to the appointment system to improve access.

Areas for improvement

Action the service **SHOULD** take to improve

- The practice should continue with its focus to improve patient experience as measured by the national GP patient survey.
- The practice should ensure it documents its response to recommendations arising from its Legionella risk assessment so it can demonstrate that all identified risks have effectively mitigated.

Outstanding practice

- The electronic dashboard used across the provider group was a powerful tool for understanding the practice's comparative performance across a range of clinical indicators and had helped drive local improvement, for example in managing diabetes.
- Staff had access to a learning and development portfolio featuring training programs tailored for each staff role. For example, fortnightly web-based training for healthcare assistants; development support for practice nurses; a development programme for practice managers and a fortnightly consultant led learning program for clinicians.

Mollison Way Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC inspector. The team included a GP specialist adviser.

Background to Mollison Way Surgery

Mollison Way Surgery is a GP practice located near Edgware in North West London and is part of the Harrow Clinical Commissioning Group. The practice provides primary medical services to approximately 6000 patients through an alternative provider medical services (APMS) contract. (APMS is a locally negotiated contract open to both NHS practices and voluntary sector or private providers).

The practice population is ethnically diverse with a large number of patients originating from eastern Europe and India and a relatively high proportion of patients speaking English as a second language. The practice employs staff members who speak Romanian and Gujarati which facilitates good communication with these groups. The practice has a higher than average population of young adults and a growing birth rate. In terms of socio-economic indicators (such as income deprivation, life expectancy, and employment rates) the area tends to be similar to the English average.

Mollison Way Surgery is managed by the provider organisation AT Medics Limited. The company took over the contract to provide NHS primary care services at Mollison Way Surgery on 1 November 2016. AT Medics Limited is run by six GP directors who are all practicing GPs. The company manages over 30 GP practices across London.

The practice is located in purpose-built premises along a parade of shops. The practice is fully accessible and has a disabled parking space in front of the building.

The practice team comprises of four regular GPs. The practice offers 80 appointments per 1000 registered patients per week. They are supported by a clinical (prescribing) pharmacist, two practice nurses, a health care assistant, a senior manager, practice manager and administrators and receptionists. Patients have the choice of male and female GPs.

The practice opening hours are from 8am to 6.30pm Monday to Friday. Consultation times in the morning are from 9am to 12noon and in the afternoon from 3pm to 6pm Monday to Friday. Extended hour appointments are offered from 10am to 12noon on Saturday.

When the practice is closed, patients are signposted to the out-of-hours primary care service if they have an urgent problems or in the case of an emergency to A&E. Information about how to contact the out of hours service is provided on the practice website and on a recorded telephone message.

The practice provides a wide range of services including chronic disease management, travel clinics, maternity and sexual health services. The practice also provides health promotion services including cervical screening and immunisations.

The practice is registered with the Care Quality Commission to provide the regulated activities of diagnostic and screening services; family planning; maternity and midwifery services; and, treatment of disease, disorder or injury.

The practice has not previously been inspected by the Care Quality Commission.

Detailed findings

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 including NHS England and the clinical commissioning group to share what they knew.

We carried out an announced visit on 14 September 2017. During our visit we:

- Spoke with a range of staff including two GPs (including the local lead), the clinical pharmacist, the practice nurse, the practice manager and reception staff. We also spoke briefly with one of the provider's directors.
- Reviewed 11 comment cards where patients shared their views and experiences of the service and spoke with two patients.

- Reviewed a sample of the personal care or treatment records of patients. We needed to do this to check how the practice carried out care planning for patients with longer term conditions and those requiring palliative care.
- Inspected the facilities, equipment and premises.
- Reviewed documentary evidence, for example practice policies; written protocols and guidelines; audit reports; patient complaint files; meeting notes; and monitoring checks.

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 relevant manager of any incidents. There was a recording form available on the practice's computer system.
- From the four documented examples we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident promptly, received an explanation and an apology and were told about any actions to improve processes to prevent the same thing happening again.
- Staff were aware of their responsibilities under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We 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 and shared learning across the practice and regionally with other practices in the provider group.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, the practice had reviewed its procedures for actioning home visit requests to vulnerable patients following a 'near miss' event.
- The provider monitored trends in significant events across all practices in the group and evaluated any action taken.

Overview of safety systems and processes

The practice had 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 and contact details for the local safeguarding teams were accessible to all staff. One of the GPs was the assigned practice lead for safeguarding.
- Safeguarding concerns were discussed at clinical and multi-disciplinary team meetings and information about children at risk shared with the local health visitors. The

practice kept registers of patients at risk to ensure these patients were followed up, for example if they did not collect a prescription or missed immunisation appointments.

- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child safeguarding level three and practice nurses to level two.
- All staff had received training on female genital mutilation (FGM) including identification or reporting of cases where suspected.
- A notice in the waiting room and treatment 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 practice premises to be clean and tidy. There were cleaning schedules and monitoring systems in place which included cleaning schedules and logs for the clinical equipment kept in each consultation room.
- The practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training.
- The practice carried out annual infection control audits. The practice maintained an action plan to ensure improvements were prioritised and implemented as appropriate.

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).

- The practice benefited from a corporate business intelligence tool which enabled staff to easily run searches on the patient records system including reports relevant to medicines management

Are services safe?

such as antibiotic prescribing and patients prescribed higher risk medicines. This reporting tool enabled staff to identify individual patients at potential risk for further follow up and review.

- There were processes for handling repeat prescriptions which included the review of high risk medicines and associated monitoring checks. Repeat prescriptions were reviewed and signed before being dispensed to patients and there was a reliable process to ensure this occurred. The practice reviewed uncollected prescriptions on a weekly basis.
- The practice employed a clinical pharmacist who was an independent prescriber. The pharmacist's responsibilities included carrying out a programme of audit, medicines reviews, liaising with the local extended nurse practitioner and CCG prescribing team and attending home visits if required. The pharmacist was clear about when to seek the advice of or refer cases to the GPs or nursing staff.
- The practice supplied evidence of recent medicines audits including an audit of amlodipine and simvastatin prescribing which had been carried out following a national safety alert.
- Prescription stationery was securely stored and there were systems to monitor their use.
- Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. PGDs are written instructions for the supply or administration of medicines to groups of patients who might not be individually identified before presentation for treatment.

The practice had recently taken over the contract for the service with several members of staff transferring from the previous provider. We reviewed two personnel files for a GP and administrative member who had been recently recruited to the service and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS. 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.

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 regular fire drills were carried out. 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 practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health (COSHH) and infection control and legionella. (Legionella is a type of bacterium which can contaminate water systems in buildings). We saw that the practice had implemented most recommendations and actions arising from its risk assessments. However, the practice had not fully documented its response to recommendations arising from its Legionella risk assessment.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients. The practice was able to mobilise staff resource from other GP practices within the provider group to provide assistance when necessary.

Arrangements to deal with emergencies and major incidents

The practice had arrangements to respond to emergencies and major incidents.

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

Are services safe?

- 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. Following a recent major 'cyber-related incident which had affected NHS services nationwide, the business continuity plan had been stress tested and determined to be effectual for ensuring continuity of services. Following this event the practice had initiated a social network group to communicate quickly and urgently with all staff members in relevant groups.

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 local referral pathways and used this information to deliver care and treatment that met patients' needs. Guidelines were discussed in clinical meetings; the weekly staff bulletin and at learning sessions organised by the company.
- The practice monitored that these guidelines were followed through risk assessments, records reviews, performance monitoring and audit.

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).

As part of this inspection, we reviewed unpublished QOF data for 2016/17 which the practice extracted from their clinical system and which we subsequently verified using the published dataset. AT Medics Limited took over the contract at Mollison Way Surgery on 1 November 2016 and achieved 100% of the total available points by the end of March 2017.

The overall clinical exception reporting rate was 6% which was slightly lower than the CCG rate of 8% and the national exception reporting rate of 10%. (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 2016/17 showed that:

- Performance for diabetes related indicators was in line with the CCG and national averages. For example, 83% of diabetic patients had blood sugar levels that were adequately controlled (that is, their most recent

IFCC-HbA1c was 64 mmol/mol or less) compared to the CCG and national averages of 80%. The practice exception reporting rate for this indicator was 8% which was the same as the CCG-wide exception reporting rate and slightly below the national rate of 12%.

- Performance for mental health related indicators tended to be close to the national average. For example 93% of patients diagnosed with a psychosis had a documented care plan in their records compared to the CCG average of 91% and the English average of 90%. The practice had zero exception reporting for this indicator compared to the national average of 13%.
- 86% of practice patients diagnosed with dementia had attended a face to face review in the previous year compared to the CCG average of 89% and the national average of 84%. The practice had zero exception reporting for this indicator compared to the national average of 6%.

There was evidence of quality improvement including clinical audit:

- The practice provided evidence of two clinical audits carried out over the previous ten months. One of these was a completed audit of concomitant prescribing of amlodipine and simvastatin which when taken together increase the risk of side effects. The practice had identified several patients on both medicines during the first cycle of the audit. The second cycle showed sustained improvement with only one patient identified and their prescriptions adjusted.

Information was used to improve patient outcomes. The provider had developed a performance dashboard monitoring a range of clinical indicators associated with the effective management of longer term conditions. For example, the dashboard tracked practice progress on completing nine evidence-based checks (including blood sugar, blood pressure and foot checks) for patients diagnosed with diabetes. This system flagged patients with missing checks for follow-up and review and also enabled the practice to see how it was doing compared to other practices in the provider group. The percentage of diabetic patients with well controlled blood sugar levels (that is, their most recent IFCC-HbA1c was 59 mmol/mol or less) had increased from 67% in 2015/16 to 77% in 2016/17. (The national average for this indicator was 72%).

Effective staffing

Are services effective?

(for example, treatment is effective)

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

- The practice had a comprehensive induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how it 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 supervision, appraisals, meetings and reviews of practice development needs. Staff had access to appropriate and bespoke training to meet their learning needs and to cover the scope of their work. Staff also had access to the corporate on-line learning library covering a range of topics tailored by staff role.
- All staff with the exception of those recently employed had received an appraisal within the last 12 months.
- Staff received mandatory training that included, safeguarding, fire safety awareness, basic life support, infection prevention and control, equality and diversity and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- From the documented examples we reviewed we found that the practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- The practice was introducing a new system to reduce the quantity of duplicated written information directed

to doctors daily so they could focus for example on clinical letters requiring action or reconciliation of medicines. The clinical staff told us this had greatly reduced the time they spent on unnecessary paperwork.

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. The practice liaised with the extended nurse practitioner who was attached to several practices in the area and who conducted home visits and updated the care plans of patients with complex needs.

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 (MCA) 2005.
- All staff undertook mandatory annual MCA and Deprivation of Liberty Safeguards (DOLS) training.
- 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 clinician assessed the patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted those to relevant services. For example:

Are services effective?

(for example, treatment is effective)

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. The practice offered an appointment for newly registering children under five to identify any special needs or areas where early intervention would be beneficial.
- A dietician was available within the health centre site and smoking cessation advice was available from a local support group.
- The practice had hosted a successful Health & Wellness open day shortly after taking over the service for members of the public. The event was attended by a wide range of local healthcare providers offering information and advice on accessible services aimed at improving the health and well-being of different groups of people.
- Practice uptake for the cervical screening programme was 80% compared to the CCG average of 77% and the national average of 81%. The practice exception reporting rate for this indicator was 12% compared to the CCG average of 11%.
- There was a policy to offer telephone or written reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. There were failsafe systems to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred following an abnormal result.
- The practice was achieving the 90% targets for all standard child immunisations. The practice had an effective recall system in place for child immunisation.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40 to 74 years of age. The staff carrying out health checks were clear about risk factors requiring further follow-up by a GP.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

During our inspection we observed that members of staff were courteous and 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 had the choice of a male or female GP.

All but one of the 11 patient Care Quality Commission comment cards we received were positive about the service. Patients we spoke with were also happy with the service. Several patients commented that the service had improved since the service had been taken over by the current provider for example, they were able to obtain an appointment more quickly. Patients commented positively on the care and professionalism of individual members of staff including some of the GPs, the practice nurse, the phlebotomist and the reception staff. Several patients told us that the reception team were always helpful.

Results from the national GP patient survey showed that the majority of patients were positive about the way they were treated. The survey was carried out shortly after the practice was taken over by the current provider and might not reflect the current service. The practice consistently scored below the clinical commissioning group (CCG) and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 79% of patients said the GP was good at listening to them compared with the CCG average of 87% and the national average of 89%.
- 76% of patients said the GP gave them enough time compared to the CCG average of 85% and the national average of 86%.
- 92% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% 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 83% and the national average of 86%.
- 80% of patients said the last nurse they spoke to was good at treating them with care and concern compared CCG average of 87% and the national average of 91%.
- 69% of patients said they found the receptionists at the practice helpful compared with the CCG average of 85% and the national average of 87%.

The practice had undertaken their own online patient survey over during May 2017 using the same question. Data analysed by the practice showed that 376 patients responded:

- 86% of these patients said the GP was good at listening to them .
- 76% of these patients said the GP gave them enough time.
- 90% of these patients said they had confidence and trust in the last GP they saw.
- 84% of these patients said the last GP they spoke to was good at treating them with care and concern.
- 83% of these patients said the last nurse they spoke to was good at treating them with care and concern.
- 86% of these patients said they found the receptionists at the practice helpful.

These figures were much closer to the CCG and national average scores on the national GP patient survey. The practice told us they had also noted a more positive recent trend in online comments and reviews of the practice.

The practice had developed an action plan in response to the national GP patient survey results. Actions which had been implemented included additional customer service training for reception staff. We observed reception staff dealing sensitively and politely with patients, for example when asking patients to cancel appointments in future if they were unable to attend.

Care planning and involvement in decisions about care and treatment

Patients participating in the inspection said they felt involved in decisions about their treatment and were given options.

Are services caring?

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 again somewhat below local and national averages. For example:

- 75% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 86% and the national average of 86%.
- 71% of patients said the last GP they saw was good at involving them in decisions about their care compared with the CCG average of 79% and the national average of 82%.
- 72% of patients said the last nurse they saw was good at involving them in decisions about their care compared with the CCG average of 81% and the national average of 85%.

The results from the practice own on-line patient survey conducted in May 2017 were more positive and closer to the CCG and national average scores. For example, 81% (of 376 participating patients) said the last GP they saw was good at involving them in decisions about their care.

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

- Interpreting services were available for patients who did not have English as a first language. There were notices in the reception areas informing patients this service was available. Patients were also informed that some staff were multi-lingual. Practice staff spoke a range of languages including those frequently spoken by patients including Gujarati and Romanian. Information leaflets and posters in the waiting room were displayed in different languages.
- The practice used the NHS Choose and Book service when available, which gives patients a choice of place, date and time for their first outpatient appointment in a hospital.

- The care plans we reviewed were personalised and included evidence of involvement of patients and where appropriate, the views of carers and family members. The practice had access to an enhanced nurse practitioner who was attached to a number of local practices and who visited housebound patients and updated their care plans with them.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area and the practice website with information about a range of support groups and organisations.

The practice proactively attempted to identify patients who were carers. The practice's computer system alerted GPs if a patient was also a carer. The practice had hosted an open day earlier in the year which included representatives from a carer's organisation to raise awareness. At the time of inspection the practice had identified 80 patients as carers (1.5% of the practice list). Carers were invited to receive annual flu vaccination, offered health checks and given priority access to appointments. Written information was available to direct carers to the various avenues of support available to them, for example respite breaks for patients with learning disability.

Staff told us that if families had experienced bereavement, their usual GP contacted them followed by a sympathy card sent by administration staff. The practice had bereavement support packs and provided information on their website to promote the well-being of bereaved people. Posters were displayed in the practice with information about bereavement counselling services.

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. For example the practice had introduced regular GPs to provide better continuity particularly for patients with long term and more complex health problems. The practice was also focusing on providing more integrated management of diabetes. The health care assistant, GPs and clinical pharmacist were involved in diabetic reviews alongside the local diabetic specialist nurse and local education courses for patients who had been recently diagnosed.

- The practice offered extended hours on a Saturday morning from 10am to 12noon for working patients who could not attend during normal opening hours.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Longer appointments were available for patients with a learning disability and for those patients with multiple long term conditions or who needed an interpreter.
- 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 and test results.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and on-going conversations with these patients about their end of life care as part of their wider treatment and care planning.
- Patients were able to receive travel vaccines including those available on the NHS and other vaccines available privately. Patients were informed of any fees in advance.
- There were accessible facilities, which included a hearing loop, and interpretation services available.
- Practice staff were able to communicate Gujarati and Romanian which were commonly spoken in the local area. The practice website included a translation facility.
- The practice had considered and implemented the NHS England Accessible Information Standard to ensure that patients received information in formats that they understand and receive appropriate support with communication.

- An interactive on-line messaging system, 'message my GP' was available for patients to direct non-clinically urgent queries to a GP with a response turnaround of up to 48 hours.
- Patients signed could book routine appointments, request repeat prescriptions and view some test results on line.

Access to the service

The practice was open between 8am to 6.30pm Monday to Friday. Weekday appointments were available from 9am to 12noon and in the afternoon from 3pm to 6pm. Extended hours appointments were offered from 10am to 12noon on Saturday. Pre-bookable appointments could be booked up to eight weeks in advance.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment tended to be below the local and national averages. However due to the survey collection time period, data maybe attributable to either of the two previous merged practices. Data showed that:

- 59% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 75% and the national average of 76%.
- 63% of patients said they could get through easily to the practice by phone compared with the CCG average of 64% and the national average of 71%.
- 66% 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 80% and the national average of 84%.
- 52% of patients described their experience of making an appointment as good compared with the CCG average of 67% and the national average of 73%.

The practice had undertaken their own on-line patient survey in May 2017 mirroring the national GP patient survey questions. The results were positive and much closer to the CCG and national average scores. For example, of the 376 patients who participated in the survey:

- 78% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment.
- 77% of patients described their experience of making an appointment as good.

Are services responsive to people's needs?

(for example, to feedback?)

Following the publication of the national GP patient survey results, the practice had developed an action plan to improve patient experience and access. For example, the practice had increased the number of telephone appointments which were particularly helpful for working patients.

The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention. This was managed by the duty doctor who in cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints.

The practice had a system for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. There were leaflets available at reception (in multiple languages) and information on the practice's website.

We looked at both the written complaints received in the last 12 months and found these were satisfactorily handled, with openness and transparency and dealt with in a timely way. Lessons were learnt from individual concerns and complaints and action was taken as a result to improve the quality of care. For example, actions to ensure that urgent test results were communicated to patients were reviewed and strengthened following a complaint.

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 provider had a clear vision to deliver world class, accessible primary care for patients, to innovate and invest in staff. The practice was committed to involving patients as partners in their care and in developing the direction of the service.

- The practice had a mission statement which was publically displayed and staff knew and understood this and the provider's values.
- The practice had a clear 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 and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs, the pharmacist, nurse and administration staff had lead roles in key areas. For example, health and safety; infection control; safeguarding patients at risk of abuse and clinical areas.
- Practice specific policies were regularly reviewed, implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained through a variety of mechanisms including the electronic 'dashboard' system, a weekly bulletin and regular meetings. Performance information was shared with the central governance team and directors and with other practices in the provider group.
- The practice had additionally carried out some clinical audit work including completed audit cycles and had plans to focus further work on diabetes in the coming month.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- The practice reviewed significant events, other types of incidents and complaints. Learning was discussed and shared with staff.

Leadership and culture

On the day of inspection the management team demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care.

The practice leaders encouraged a culture of openness and honesty. The practice had systems to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- The practice kept written records of verbal interactions as well as written correspondence and responded to online comments when appropriate.
- 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 practice was outward looking and liaised with other practices and health and social services professionals. The practice held multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients.

All the staff members we spoke with said the practice was a good place to work. Some staff members had transferred to the new provider several months earlier and despite a period of uncertainty said they now felt supported by colleagues and management.

- Staff described an open culture within the practice with opportunities to raise any issues at team meetings. Minutes were available for practice staff to view.
- The provider promoted staff learning and career development with a range of formal and informal learning opportunities. For example, a staff networking webpage to share learning, ideas including social events.

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

The practice encouraged and valued feedback from patients and staff.

- The practice proactively sought feedback from patients through the patient participation group (PPG) and

Are services well-led?

Good 

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

through surveys, compliments and complaints. The PPG was recently established and had met twice. We met a representative of the PPG who told us the practice was responsive to ideas and feedback from patients and had made changes to the appointment system.

- The practice was able to give us examples of responding to patient feedback. For example, some patients had commented positively about their experience with specific locum GPs who had worked at the practice previously and so the managers had successfully approached the doctors concerned who had re-joined the practice.
- Staff feedback was obtained through regular staff meetings, appraisals, informal discussion and formal events and away days. Staff told us they would give feedback and could discuss any concerns or issues with colleagues and management. Staff were aware of the whistleblowing procedure and said they had confidence that the provider would investigate and act on concerns.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice.

- Staff members consistently told us that they believed the service had improved over the last ten months and this was a source of pride among the team.

- The practice demonstrated some innovative processes that had been developed and implemented by the provider organisation for operational use at practice level. For example, a streamlined document handling system had been implemented to eliminate duplication and reduce the volume of correspondence that GPs dealt with. The practice estimated this had successfully reduced the amount of time that the GPs spent on unnecessary paperwork by an hour per day. The process was operated by a trained administrative staff member with regular oversight by one of the GPs and the process was routinely audited.
- The electronic dashboard used across the provider group was a powerful tool for understanding the practice's comparative performance across a range of clinical indicators and had helped drive local improvement, for example in managing diabetes. We were told that the provider was considering ways to make this software more widely available to the NHS.
- Staff had access to a development portfolio featuring training programs tailored for each staff role. For example, fortnightly web-based training for healthcare assistants; development support for practice nurses; a development programme for practice managers and a fortnightly consultant led learning program for clinicians.