

Wentworth Medical Practice

Quality Report

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

Ratings

Overall rating for this service		Good	
Are services safe?		Good	
Are services effective?		Good	
Are services caring?		Good	
Are services responsive to people's needs?		Good	
Are services well-led?		Good	

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Wentworth Medical Practice on 17 October 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.
- Although overall, the practice had clearly defined and embedded systems to minimise risks to patient safety, we identified areas where administrative improvements could be made to the provider's cervical screening failsafe system.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- Results from the national GP patient survey showed patients were treated with compassion, dignity and respect.

- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- Results from the national GP patient survey (collected in July-September 2016 and January-March 2017) showed that patients' satisfaction with how they could access care and treatment were generally below local and national averages. However, we noted that the practice had recently introduced changes to improve how people could access appointments and services in a way and at a time that suited them.
- 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 the partner GPs. The practice proactively sought feedback from staff which it acted on.
- The provider was aware of the requirements of the duty of candour.

The areas where the provider should make improvement are:

Summary of findings

- Review systems for identifying and providing support to carers.
- Monitor recently introduced administrative improvements regarding how results are filed and regarding the overall cervical screening failsafe system.
- Monitor patients' satisfaction on recent improvements to how they can access appointments.
- Monitor patients' satisfaction on their involvement in planning and making decisions about their care and treatment.
- Monitor recently introduced changes designed to improve how prescriptions used at the surgery and on home visits are logged.

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

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were above average compared to the national average.
- Although overall, the practice had clearly defined and embedded systems to minimise risks to patient safety, we identified areas where administrative improvements could be made to the provider's cervical screening failsafe system.
- Staff were aware of current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- End of life care was coordinated with other services involved.

Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- Data from the national GP patient survey was positive and generally comparable to others regarding how staff treated people.
- Comment card feedback highlighted that patients were treated with compassion, dignity and respect.
- Information for patients about the services available was accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- The practice understood its population profile and had used this understanding to meet the needs of its population. For example, by introducing extended hours opening and HUB led weekend opening.
- 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.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Results from the national GP patient survey (collected in July-September 2016 and January-March 2017) showed that patients' satisfaction with how they could access care and treatment were generally below local and national averages. However, we noted that the practice had recently sought to improve how people could access appointments and services in a way and at a time that suited them (for example by introducing a new telephone system).
- Information about how to complain was available and evidence from 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.

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.
- 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.
- The partner GPs encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged with the patient participation group.
- There was a focus on continuous learning and improvement at all levels. Staff training was a priority and was built into staff rotas.
- GPs who were skilled in specialist areas used their expertise to offer additional services to patients.

Summary of findings

The six population groups and what we found

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

Older people

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

Good



- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.

People with long term conditions

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

Good



- The practice had introduced software which enabled the generation and despatch of bespoke patient recall letters and blood forms for patients with long term conditions. Staff spoke positively about how the service had helped improve the practice's QOF performance.
- For example, 74% of patients with diabetes had a blood sugar level which was within the required range, compared to the 77 % CCG and 78% national averages.
- Nursing staff had lead roles in long-term disease management. Patients at risk of hospital admission were identified as a priority.
- 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.

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.

Summary of findings

- Immunisation rates ranged between 83% to 93%
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked with midwives and health visitors to support this population group. For example, in the provision of ante-natal and post-natal clinics.
- 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).

- The needs of these populations had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care, for example, extended opening hours.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Good



Summary of findings

People experiencing poor mental health (including people with dementia)

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

- The practice carried out advance care planning for patients living with dementia.
- 82% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was comparable with the 84% national average.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia. For example, a Mental Health Link Worker attended the practice on a weekly basis and clinicians spoke positively about how this multi-disciplinary work supported their understanding of mental health and locally available resources.
- 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.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2017 and contained aggregated data collected from July-September 2016 and January-March 2017.

The results showed that performance was below local and national averages regarding overall experience and appointments access (although we noted that since the survey data had been collected, the practice had sought to improve appointments access). We noted that 286 survey forms were distributed and that 116 were returned. This represented 3% of the patient list.

- 69% of patients described the overall experience of this GP practice as good compared with the CCG average of 82% and the national average of 85%.
- 56% of patients described their experience of making an appointment as good compared with the CCG average of 68% and the national average of 73%.

- 65% of patients said they would recommend this GP practice to someone who has just moved to the local area compared with the CCG average of 75% and the national average of 77%.

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection. We received 32 comment cards which were generally positive about the standard of care received. Three respondents raised concerns regarding appointments access, rushed appointments and seeing the GP of their choice. However, we saw recent evidence of how the practice was taking action to improve patient satisfaction in these areas.

All of the respondents were positive about the service provided; with key themes being that reception staff were compassionate and friendly; and that clinicians treated patients with dignity and respect.

Areas for improvement

Action the service **SHOULD** take to improve

- Review systems for identifying and providing support to carers.
- Monitor recently introduced administrative improvements regarding how results are filed and regarding the overall cervical screening failsafe system.
- Monitor patients' satisfaction on recent improvements to how they can access appointments.
- Monitor patients' satisfaction on their involvement in planning and making decisions about their care and treatment.
- Monitor recently introduced changes designed to improve how prescriptions used at the surgery and on home visits are logged.

Wentworth Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Wentworth Medical Practice

The Wentworth Practice is located in Finchley, London Borough of Barnet, North London. The practice has a patient list of approximately 10,000 patients. Twenty four percent of patients are aged under 18 (compared to the national practice average of 21%) and 13% are 65 or older (compared to the national practice average of 17%). Forty four percent of patients have a long-standing health condition and practice records showed that less than 1% of its practice list had been identified as carers.

The services provided by the practice include child health care, ante and post natal care, immunisations, sexual health and contraception advice and management of long term conditions.

The practice holds a Personal Medical Services contract with NHS England. This is a locally agreed alternative to the standard General Medical Services contract and includes additional services beyond the standard contract.

There are currently seven GPs (2 male and 5 female), two female practice nurses, four female health care assistants, practice manager, deputy practice manager and a team of reception/administrative staff. Clinicians share their time between Wentworth Medical Practice and a second branch site in Hendon (which was not visited during this inspection).

The practice's opening hours are:

- Monday to Friday: 8:00am -6:30pm

The practice offers extended hours opening at the following times:

- Monday: 6:30pm – 8pm
- Friday: 7:20am-8am

We were advised that appointments were available throughout the day including during lunchtimes (although cover was provided by an out of hours provider for patients who phoned the practice during lunchtimes). This was also the case for patients who phoned the practice outside opening hours.

The practice is registered to provide the following regulated activities which we inspected:

Treatment of disease, disorder or injury; Family planning;
Diagnostic and screening procedures

The building also hosts a dental practice which is separately registered with the Care Quality Commission.

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.

We inspected this location previously in October 2014. At that time we rated the practice as requires improvement

Detailed findings

for providing effective services (due to an absence of completed clinical audits) and rated it as good for providing safe, caring, responsive and well led services. Overall the practice was rated as good.

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 17 October 2017. During our visit we:

- Spoke with a range of staff including partner GPs, practice manager, deputy practice manager, practice nurse and receptionists.
- Observed how patients were being cared for in the reception area.
- Reviewed a sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Visited the practice's main location.

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

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

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

- older people
- people with long-term conditions
- families, children and young people
- working age people (including those recently retired and students)
- people whose circumstances may make them vulnerable
- people experiencing poor mental health (including people with dementia).

Please note that, unless otherwise indicated, references to information and data throughout this report (for example any reference to the Quality and Outcomes Framework data) refers 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.
- From the sample of documented examples we reviewed we 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.
- Six significant events had been recorded in the previous 12 months. We reviewed incident reports and minutes of meetings where these significant events were discussed and noted that the practice carried out thorough analyses of significant events. We saw evidence that lessons were shared and action taken to improve safety in the practice.

For example, after having been notified that a patient had died in hospital shortly after having been seen at the practice, a review had taken place to see whether further symptoms or signs could have been noted. The review concluded that appropriate clinical protocols and assessments had been carried out but also triggered the adoption of NICE best practice protocols for the management of the condition in question and the commencement of a clinical audit.

Overview of safety systems and processes

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

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were

accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding.

- 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 practice nurse were trained to child protection or child safeguarding level 3.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place.
- The advanced nurse practitioner was infection prevention and control (IPC) clinical lead and liaised with the local infection prevention team to keep up to date with best practice. There was an IPC protocol and staff had received up to date training. Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.

We looked at medicines management arrangements including repeat prescription protocols, emergency medicines, vaccines and audits.

- 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

Are services safe?

prescribing was in line with best practice guidelines for safe prescribing. Patient Group Directions had been adopted by the practice to allow the practice nurse to administer medicines in line with legislation.

We noted that although blank prescription forms and pads were securely stored and logged, the practice did not have protocols in place to monitor their use at individual printers in the surgery or on home visits. Shortly after our inspection the practice confirmed that protocols had been introduced.

We reviewed the personnel file of a non clinical staff member who had joined the practice since our last inspection and a practice nurse and found appropriate recruitment checks had been undertaken prior to employment such as proof of identification, appropriate checks through the DBS and references evidencing satisfactory conduct in previous employment.

We also looked at the personnel file of the last locum GP employed at the practice and saw confirmation of registration with the appropriate professional body, confirmation of basic life support training and safeguarding training. We were told that the locum GP's DBS application had recently been submitted.

Monitoring risks to patients

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

- There was a health and safety policy available.
- The practice had an up to date fire risk assessment and carried out regular fire drills. There were designated fire marshals within the practice. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.

- The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control.
- A risk assessment for the presence of Legionella (a term for a particular bacterium which can contaminate water systems in buildings) had taken place in March 2017.
- 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 to ensure enough staff were on duty to meet the needs of patients.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. 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.
- The practice had a comprehensive business continuity plan for major incidents such as IT failure, power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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. For example, relating to fever in under five year olds and in the treatment of chronic kidney disease.

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 at the time of our inspection the most recent published results were 98% of the total number of points available compared with the clinical commissioning group (CCG) average of 94% and national rounded average of 95%. Exception reporting was 11% which was above than the respective 10% and 9% CCG and national averages (exception reporting 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 2015/16 showed:

- Performance for diabetes related indicators was 91% compared to the respective 87% and 89% CCG and national averages.
- Performance for mental health related indicators was 97.2% compared to the 91% CCG and 93% national average.
- Performance for hypertension was 100% (with 11% exception reporting) which was above the respective 95% and 97% CCG and national averages.
- Performance for asthma was 100% (with 1% exception reporting) which was above the respective 98% and 97% CCG and national averages.

- Performance for cancer was 100% (with 32% exception reporting) which was above the respective 99% and 98% CCG and national averages.

Prior to our inspection we had noted that the high exception reporting for cancer (compared with 16% CCG and 25% national averages). GPs explained that the practice's register was relatively small and subsequently that any exception reporting would have a disproportionate impact.

When we inspected in 2014, we asked the provider to consider undertaking two cycle completed clinical audits so as to demonstrate impact on patient outcomes.

At this inspection, there was evidence of quality improvement including an annual clinical audit programme to drive improvements in patient outcomes.

There had been five clinical audits started since February 2016 – two of which were two cycle audits. For example, an early 2016 audit of NICE compliant antibiotic prescribing decisions for sore throat presentations highlighted that only 22 of the 50 antibiotic prescribing decisions (44%) were NICE compliant. Following interventions such as promoting patient self-care, the use of paracetamol and delayed antibiotic prescribing a mid-2016 reaudit highlighted that 43 out of 61 (70%) of antibiotic prescribing decisions were NICE compliant.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- 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

Are services effective?

(for example, treatment is effective)

demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. All applicable staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

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 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 regular basis when care plans were routinely reviewed and updated for patients with complex needs. For example, a Mental Health Link Worker attended the practice on a weekly basis and clinicians spoke positively about how this multi-disciplinary work supported their understanding of mental health issues and locally available resources.

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.
- We saw evidence that the process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.

Practice uptake for the cervical screening programme was 75%, which was comparable with the respective 79% CCG and 81% national averages (2015/16).

Childhood immunisations were carried out in line with the national childhood vaccination programme. Latest published data highlighted that uptake rates for the vaccines given to under two year olds ranged from 81% to 93% and for five year olds was 85%.

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.

However, we noted concerns regarding the administration of the provider's cervical screening failsafe system.

Are services effective?

(for example, treatment is effective)

We were advised all results coming back as 'normal' were sent to a clinician for filing and that on a monthly basis a search was run to check that all 'inadequate' and 'abnormal' results had been actioned. However, records showed that in October 2017, an abnormal result had erroneously been sent for filing as a normal result.

We brought this to the provider's attention and shortly after our inspection we were sent a copy of the practice's protocol which had been amended to additionally include a central failsafe spreadsheet which was used by staff to monitor and ensure that there was an update on file for each sample taken.

We noted that this was an administrative filing error as opposed to a situation whereby the patient had not been appropriately referred (the latter of which was confirmed by the practice shortly after the inspection).

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All 32 of the Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. Patient satisfaction scores regarding consultations with GPs and nurses were generally comparable to Clinical Commissioning Group (CCG) and national performance. For example:

- 81% of patients said the GP was good at listening to them which equalled the CCG average and was below the 89% national average.
- 76% of patients said the GP gave them enough time compared to the 84% CCG average and the 86% national average.
- 90% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and the national average of 95%.
- 76% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 86%.
- 86% of patients said the nurse was good at listening to them compared with the CCG average of 88% and the national average of 91%.

- 86% of patients said the nurse gave them enough time compared with the CCG average of 90% 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 and national average of 97%.
- 82% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 77% of patients said they found the receptionists at the practice helpful compared with the CCG average of 84% and the 87% national average.

When we asked reception staff how they would ensure that vulnerable patients received dignified care, they stressed the importance of compassion and of treating each patient as an individual.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We looked at a selection of care plans and saw that they were personalised.

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, although results were generally below local and national averages. For example:

- 73% of patients said the last GP they saw was good at explaining tests and treatments compared to the 84% CCG average and 86% national average.
- 70% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 87% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 88% and the national average of 90%.

Are services caring?

- 75% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

Staff told us that interpreting services were available for patients who did not have English as a first language (including British Sign Language). We saw notices in the reception area informing patients that this service was available.

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 socially 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 less than 1% of its patient list as carers. Written information was available to direct carers to the various avenues of support available to them. We were told that older carers were offered timely and appropriate support such as influenza vaccinations.

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.

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Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice had reviewed the needs of its local population.

- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- The practice could accommodate gender specific GP consultation requests.
- On line appointment booking and repeat prescription facilities were available.

Access to the service

The practice's opening hours are:

- Monday to Friday: 8:00am -6:30pm

The practice offers extended hours opening at the following times:

- Monday: 6:30pm – 8pm
- Friday: 7:20am-8am

We were advised that appointments were available throughout the day including during lunch times (although cover was provided by an out of hours provider for patients who phoned the practice during lunch times). This was also the case for patients who phoned the practice outside opening hours.

In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

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

- 57% of patients were satisfied with the practice's opening hours compared with the 73% clinical commissioning group (CCG) and 76% national average.
- 58% of patients said they could get through easily to the practice by phone compared to the national average of 71%.

- 71% 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 respective CCG and national averages of 82% and 84%.
- 77% of patients said their last appointment was convenient which equalled the CCG average of 76% and which was comparable to the 81% national average.
- 56% of patients described their experience of making an appointment as good compared with the 68% CCG average and 73% national average.

We noted since the survey data had been collected in July-September 2016 and January-March, the practice had sought to improve how people could access appointments and services in a way and at a time that suited them. For example by:

- Introducing Friday morning extended hours and Wednesday all day opening
- Establishing the practice as a local HUB location allowing patients to access evening and weekend appointments from the practice and various locations in the borough.
- Introducing a new phone system (with specification developed in conjunction with the practice's patient participation group).

The practice had also undertaken a patient survey in 2017 to assess where further improvements could be made and in 2016 had audited the effectiveness of its telephone triage system.

The practice had a system to assess:

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

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

For example, the home visit protocol entailed a receptionist noting the patient's contact details and reason for the home visit in a log book kept in reception. The GP

Are services responsive to people's needs?

(for example, to feedback?)

responsible for the home visits that day would phone the patient prior to leaving to assess the level of urgency. This enabled an informed decision to be made on prioritisation, according to clinical need.

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.

We looked at a selection of the five complaints received since November 2016 and found that these were dealt with in a timely way with openness and transparency. We also saw evidence that lessons were learned from individual concerns and that complaints were routinely discussed at team meetings.

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's statement of purpose aimed to provide full, quality, empathetic general practice services. Staff knew and understood their role in delivering care.

Governance arrangements

We looked at governance arrangements and noted that:

- A comprehensive understanding of the performance of the practice was maintained through weekly clinical and fortnightly practice meetings, where staff managed risk, maintained safety and took action as necessary to improve performance.
- meetings were minuted and structured in a way that allowed for lessons to be learned and shared following complaints and significant events. .
- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented, available to all staff and regularly reviewed.
- Clinical audit was routinely used to monitor quality and to drive improvements.

Although overall, the practice had clearly defined and embedded systems to minimise risks to patient safety, we noted the absence of a robust failsafe system for ensuring that it followed up women who were referred as a result of abnormal cervical screening results. Shortly after our inspection the provider confirmed that its systems had been amended to include a more robust failsafe component.

Leadership and culture

Staff spoke positively about an open culture where the partner GPs were approachable, always took the time to listen and fostered an improvement culture.

Partner GPs were aware of and had systems to ensure compliance with the requirements of the duty of candour (a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). They also encouraged a culture of openness and honesty; and there was a clear leadership structure. Staff told us that they felt supported by management.

- Staff said they felt respected, valued and supported. GPs told us that they 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 we were told that staff meetings routinely sought and acted on staff feedback. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Nursing and reception staff told us they felt involved in improving how the practice was run and provided examples. The PPG met regularly and spoke positively about how the practice routinely listened and acted on service improvement requests (most recently regarding the practice's new telephone system).

Continuous improvement

Staff used information to review performance and make improvements. For example, we noted that a two cycle clinical audit had been used to ensure that antibiotic prescribing was in line with NICE guidance.