The Mountfield Surgery

Quality Report

55 Mountfield Road
Finchley, London, N3 3NR
Tel: 020 8436 4271
Website: www.mountfield.gpsurgery.net

Date of inspection visit: 13 August 2015
Date of publication: 24/09/2015

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Mountfield Surgery on 13 August 2015. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Incidents were recorded and dealt with appropriately, as well as monitored.
- Risks to patients and staff were assessed and well managed.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training needs had been identified and planned.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care. The practice was accessible, with a walk-in session every morning, and urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

We saw one area of outstanding practice:

- The practice was supportive of young people with complex mental health needs. The GPs had provided their email addresses to a number of young patients, and advised these patients that they were contactable at any time. The GPs were working closely with these patients, as well as with colleagues from the mental health sector to provide support and continuity of care.

There were areas of practice where the provider should make improvements:

Summary of findings

- Ensure that information is available to patients about chaperoning and translation services.
- Ensure all staff receive infection control training commensurate with their role.
- Ensure clinical staff have annual updates on basic life support training.
- Put a system in place to monitor the movement and use of prescription pads in the practice.

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.

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?

Good

The practice is rated as good for providing safe services. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated widely to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients and staff were assessed and well managed.

Are services effective?

Good

The practice is rated as good for providing effective services. Data showed patient outcomes were at or above average for the locality. Staff referred to guidance from the National Institute for Health and Care Excellence and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current guidance and legislation. This included assessing capacity and promoting good health. Staff had received training appropriate to their roles and any further training needs had been identified and appropriate training planned to meet these needs. There was evidence of appraisals and personal development plans for all staff. Staff worked with multidisciplinary teams.

Are services caring?

Good

The practice is rated as good for providing caring services. Data showed that patients rated the practice higher than others for several aspects of care. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Information for patients about the services available was easy to understand and accessible. The practice was open to suggestions and feedback from patients, and had made changes in response to such feedback. We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services. Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with a walk-in service daily, and urgent appointments available the same day. The practice had good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Summary of findings

Are services well-led?

Good 

The practice is rated as good for being well-led. It had a clear vision and strategy. Staff were clear about the vision and their responsibilities in relation to this. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures in place to govern activity. There were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients, which it acted on. The practice recognised the importance of engaging patients, and had set up a patient participation group (PPG). Staff had received inductions, regular performance reviews and attended staff meetings and events.

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

Good

The practice is rated as good for the care of older people. Nationally reported data showed that outcomes were good for patients with conditions commonly found in older people. Further, the practice was in line with averages on preventative care for this population group, including the number of patients aged 65 and older who had been offered a seasonal flu vaccination. The practice offered proactive, personalised care to meet the needs of the older people in its population. It was responsive to the needs of older people, for example offering home visits as required. All patients over the age of 75 had a named GP and were advised of this.

People with long term conditions

Good

The practice is rated as good for the care of people with long-term conditions. Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. The practice was working with the local Clinical Commissioning Group (CCG) to avoid unplanned admissions in these groups. Longer appointments and home visits were available when needed.

Patients had a structured annual review to check that their health and medication needs were being met. The practice reported that 92.8% of patients with diabetes, 96% of those with COPD and 80.4% of those with asthma attended. The practice invited all eligible patients for a review, and sent reminders if patients did not attend.

For those people 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

Good

The practice is rated as good for the care of families, children and young people. There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. The practice maintained a list of children considered to be at risk of abuse. There was a practice lead in child safeguarding and the practice had implemented a policy and training for all staff.

Immunisation rates were good for all standard childhood immunisations. For example, childhood immunisation rates for the

vaccinations given to under two year olds ranged from 91.7% to 100%, compared to a CCG range of 78.1% to 92.6%. One of the practice nurses took a lead in this area, proactively encouraging uptake of immunisations and sending reminders where necessary.

Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.

Appointments were available outside of school hours and the premises were suitable for children and babies. The practice had a walk-in clinic every morning and prioritised young children for urgent appointments. The practice also encouraged young adults to contact them by email, which they felt encouraged communication with this patient group.

Working age people (including those recently retired and students)

Good

The practice is rated as good for the care of working-age people (including those recently retired and students). The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. The practice offered extended opening times, providing appointments from 7:30am. The practice was offering online services, including online appointment booking, and allowed patients to contact them by email if necessary. This made it easier for those working during practice opening hours to contact the practice. The practice also offered a full range of health promotion and screening that reflects the needs for this age group.

People whose circumstances may make them vulnerable

Good

The practice is rated as good for the care of people whose circumstances may make them vulnerable. The practice held a register of patients living in vulnerable circumstances including homeless people, those with serious mental health problems and patients who were housebound. One of the GPs provided care for patients who had been removed from other practice lists for threatening or aggressive behaviour. The practice offered home visits and longer appointments as necessary for patients. The practice also provided advice and signposting for those who required further assistance, for example with regards to benefits.

The practice offered annual health checks to all patients with a learning disability, sending invites to patients and reminders as necessary.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. It signposted patients to

Summary of findings

various support groups. Training had been provided to all staff, who knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

Good

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). The practice had conducted face-to-face reviews of 100% of patients with dementia in the preceding year, compared to a national average of 83.82%. The practice also reported that they saw 90.9% of patients with poor mental health for a health check in the preceding year. The practice was proactive in encouraging patients to attend these health checks, sending reminders as necessary. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. It carried out advance care planning for patients with dementia. The practice was participating in a study led by Imperial College London, looking at dementia prevention.

The practice signposted patients experiencing poor mental health to various support groups and voluntary organisations. Staff had received training on how to care for people with mental health needs and dementia. One of the partners had a range of experience in mental health care and took a lead in this area. This brought further expertise into the practice.

Summary of findings

What people who use the service say

The national GP patient survey results published on 2 July 2015 showed the practice was performing above local and national averages on several key questions. There were 118 responses which represented 2.5% of the practice population.

- 97% find it easy to get through to this surgery by phone compared with a Clinical Commissioning Group (CCG) average of 63% and a national average of 71%.
- 96% find the receptionists at this surgery helpful compared with a CCG average of 83% and a national average of 87%.
- 77% with a preferred GP usually get to see or speak to that GP compared with a CCG average of 56% and a national average of 60%.
- 96% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 82% and a national average of 85%.
- 98% say the last appointment they got was convenient compared with a CCG average of 90% and a national average of 92%.
- 88% describe their experience of making an appointment as good compared with a CCG average of 68% and a national average of 73%.
- 33% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 57% and a national average of 58%.
- 68% feel they don't normally have to wait too long to be seen compared with a CCG average of 50% and a national average of 58%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 25 comment cards which were all positive about the standard of care received. Patients were particularly positive about the walk-in sessions held every morning, which allowed patients to see a doctor without pre-booking an appointment. Many comment cards were complimentary about the staff, reporting that reception staff were always helpful, and clinical staff were caring and attentive.

The Mountfield Surgery

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 and a second CQC inspector.

Background to The Mountfield Surgery

The Mountfield Surgery is located in a residential area of Barnet, North London. There are 4607 patients on the practice list, and the majority of patients are of White British origin.

The practice is a teaching practice (assisting in the teaching of medical students) with two GP partners and a salaried GP (one male and two female doctors), two practice nurses (both female) a Business Manager as well as reception and administrative staff. The practice holds a PMS (Personal Medical Services) contract and also provides enhanced services, including for example extended hours access.

The practice is open between 7:30am and 6:00pm Monday to Friday. Appointments are from 7:30am to 11:00am every morning and between 12:00pm and 5:30pm on Mondays, 2:00pm and 5:30pm on Tuesdays, 12:00pm and 3:50pm on Wednesdays, 3:00pm and 5:50pm on Thursdays and 12:00pm and 1:00pm on Fridays. Extended hours appointments are available between 7:30am and 8:00am every weekday morning.

The practice was registered to provide diagnostic and screening procedures, family planning, maternity and midwifery services and for the treatment of disease, disorder or injury.

Outside of opening hours, the practice re-directs patients to a contracted GP out-of-hours provider.

We had not inspected this service before.

Why we carried out this inspection

We carried out a comprehensive inspection of the services under section 60 of the Health and Social Care Act 2008, to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 as well as to provide a rating for the services under the Care Act 2014.

How we carried out this inspection

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

- 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 are provided for specific groups of people and what good care looks 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)

Detailed findings

- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia)

Before visiting, we reviewed a range of information that we hold about the practice. We carried out an announced visit on 13 August 2015. During our visit we spoke with a range of staff (including doctors, nurses and administrative and reception staff) and spoke with patients who used the service. We observed how people were being cared for and talked with carers and family members and reviewed the personal care or treatment records of patients. We reviewed comment cards where patients and members of the public shared their views and experiences of the service.

Good

Are services safe?

Our findings

Safe track record and learning

There was an open and transparent approach and a system in place for reporting and recording significant events. People affected by significant events received a timely and sincere apology and were told about actions taken to improve care. There were administrative and clinical leads in this area, and staff told us they would inform them of any incidents that occurred. There was also a recording form available on the practice's computer system, which all staff had access to. The practice carried out an analysis of events.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, the practice nurse had recently identified a problem with the refrigerator (where medicines were stored). The nurse had reported these concerns, which were discussed and a new refrigerator was immediately ordered. Further, the safety of the medicines stored in the refrigerator was reviewed and the medicines were disposed of.

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance. This enabled staff to understand risks and gave a clear, accurate and current picture of safety.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep people safe, which included:

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements. Policies were accessible to all staff, which clearly detailed who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding and staff we spoke with were aware of their responsibilities to report any concerns. The GPs attended safeguarding meetings when possible and provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role, including on child safeguarding. The practice had a list of patients in vulnerable circumstances, including children who were considered to be 'at risk'.
- Chaperones were available to patients, if required. Staff were offering chaperones as standard practice for all patients who attended for certain types of procedure (for example, cervical smear tests). All staff who acted as chaperones were trained for the role and had received a disclosure and barring service check (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). However, there were no signs in the patient waiting area to advise patients that this service was available.
- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available. The practice had up to date fire risk assessments and regular fire drills were carried out. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control. The practice advised that they had assessed legionella risk, and had taken appropriate steps to mitigate the risk. However, they had not formally documented their risk assessment.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place. Clinical staff had received up to date training, however not all non-clinical staff had received training.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Regular medication audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Prescription pads were securely stored, and were not routinely taken out of the practice on

home visits as the practice utilised an electronic prescribing system. However there were no systems in place to monitor their movement or use within the practice.

- Recruitment checks were carried out and the five files we reviewed showed that appropriate recruitment checks had been undertaken prior to employment. A number of staff had been working at the practice for several years, and requirements for pre-employment checks have changed over time. We noted that for the most recent recruits, the practice had obtained proof of identification, references, qualifications, registration with the appropriate professional body and, for staff who required this, the appropriate checks through the Disclosure and Barring Service (DBS). The practice had recently reviewed the DBS checks in place for all staff and had received or were awaiting current DBS checks for relevant staff. Only staff who had received a DBS check were chaperoning patients.
- 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 in place for all the different staffing groups to ensure that enough staff were on duty. The practice had arrangements in place to cover leave internally, and also used a local locum service where necessary.

Arrangements to deal with 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 had received basic life support training. However, for some staff this had taken place over twelve months ago (clinical staff should have annual updates in line with guidance provided by the Resuscitation Council).

There were emergency medicines available in the treatment room. The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book available. Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use. The practice had a system for monitoring the stock of emergency medicines, to ensure there were sufficient in-date supplies.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage, and had arrangements to provide care at an alternative location. The plan included emergency contact numbers for staff.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice had systems in place to ensure all clinical staff were kept up to date. The practice had access to guidelines from a range of organisations, and used this information to develop how care and treatment was delivered to meet needs. The practice monitored the implementation of these guidelines through audits.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Current results were 94.6% of the total number of points available, with 4.5% exception reporting. Data from 01/04/2013-31/03/2014 showed;

- Performance for diabetes related indicators was similar to the national average, for example, the percentage of patients with diabetes who had received an influenza immunisation in the previous winter was 70.78% compared to a national average of 78.53%, and the percentage of patients with diabetes who had received a foot examination and risk classification in the previous year was 92.36% compared to a national average of 88.35%. The practice was however an outlier for patients with diabetes whose last measured total cholesterol was 5mmol/l or less. The practice was aware of this, however did not have a specific plan in place to address this.
- The percentage of patients with hypertension having regular blood pressure tests was similar to the national average, with 80.11% of patients receiving tests compared to the national average of 83.11%.
- Performance for mental health related indicators was above the national averages, with 95.24% of patients with schizophrenia, bipolar affective disorder and other psychoses having a comprehensive, agreed care plan documented in the record from the preceding 12 months, compared to a national average of 86.04%. The practice saw 100% of patients with dementia for a face-to-face review in the preceding 12 months, compared to a national average of 83.82%.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and people's outcomes. There had been five clinical audits conducted in the last two years, two of these were completed audits where the improvements made were implemented and monitored. The practice participated in applicable local audits, national benchmarking and peer review. Findings were used by the practice to improve services. For example, the practice had been an outlier in prescribing higher than average Cephalexin for urinary tract infections. The practice had carried out an audit in response, identifying that the approach within the practice was not uniform. The practice implemented changes, reviewing prescribing guidance and ensuring that all doctors were aware of this. Four months later, they reviewed the effectiveness of those changes and found that the majority (85%) of prescriptions for urinary tract infections were appropriate; however the audit also identified cases in which Cephalexin had been prescribed inappropriately. The practice planned to reinforced the prescribing guidelines and complete a further audit one year later.

Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, basic life support, health and safety and confidentiality.
- 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 these learning needs and to cover the scope of their work. This included ongoing support during sessions, appraisals, clinical supervision and facilitation and support for the revalidation of doctors. All staff had had an appraisal within the last 12 months.

Good

Are services effective?

(for example, treatment is effective)

- The practice was proactive in keeping up to date on best practice. One of the partners wrote regularly for a medical publication and shared learning and updates with the practice.
- The practice participated in monthly 'Peer Review Meetings' in which staff from a number of local practices discussed clinical updates and case studies.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training. There was a range of expertise within the practice, and we saw that this was being used to share information and provide training to colleagues.

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 test results. Information such as NHS patient information leaflets were also available. All relevant information was shared with other services in a timely way, for example when people were referred to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

Consent to care and treatment

Patients' consent to care and treatment was always sought 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. Staff had received training on the Mental Capacity Act and were able to clearly describe their responsibilities under the Act. When providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with relevant guidance. Staff were able to provide an example of a recent case in which they assessed the capacity of a young person to consent to treatment, and the process and results of this was clearly documented in the clinical notes. Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.

Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, carers, those in circumstances which made them vulnerable, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service. Smoking cessation advice was available from the two practice nurses, who were trained smoking cessation advisors.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 78.61%, which was comparable to the national average of 81.88%. There was a policy to contact eligible patients to attend for screening if they did not respond to initial invitations. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were above CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 91.7% to 100%, compared to a CCG range of 78.1% to 92.6%. Flu vaccination rates for the over 65s were 68.96%, compared to a national average of 73.24%, and for those at risk, this was 38.8%, compared to a national average of 52.29%. The practice nurses took a lead on vaccinations and ensured that reminders were sent if patients did not attend.

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

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

In response to a patient suggestion, the practice had introduced a system whereby patients queuing to speak with a receptionist had to wait behind a designated line. This meant that patient privacy was maintained when discussing personal matters with the reception staff. Reception staff advised that if patients wanted to discuss sensitive issues or appeared distressed they would offer to speak with them in a private room.

All of the 25 patient CQC comment cards we received were positive about the service. Patients said they felt the practice offered an excellent service and all staff were helpful, caring and treated them with dignity and respect. Patients were particularly complimentary about the walk-in clinic available every morning and several commented that the practice was very accommodating when urgent appointments were needed.

We also spoke with a member of the patient participation group (PPG) on the day of our inspection. They also told us they were satisfied with the care provided by the practice. The function of the PPG had been under review and the practice was currently recruiting members, as they recognised that this was an important method to engage with patients.

Results from the national GP patient survey showed patients were happy with how they were treated and that this was with compassion, dignity and respect. The practice was broadly in line with national averages for its satisfaction scores on consultations with doctors and nurses. For example:

- 83% said the GP was good at listening to them compared to the CCG average of 87% and national average of 89%.
- 78% said the GP gave them enough time compared to the CCG average of 84% and national average of 89%.
- 98% said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and national average of 95%
- 84% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 83% and national average of 85%.
- 87% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 86% and national average of 90%.

Care planning and involvement in decisions about care and treatment

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

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

- 83% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and national average of 86%.
- 75% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 79% and national average of 81%

Staff told us that translation services were available for patients who did not have English as a first language. However, there were no notices in the reception areas informing patients this service was available.

Patient and carer support to cope emotionally with care and treatment

Good

Are services caring?

Notices in the patient waiting room told patients how to access a number of support groups and organisations. Patient feedback highlighted that the practice had a particularly caring attitude towards carers and provided support and guidance to them.

The practice's computer system alerted GPs if a patient was also a carer. There was a practice register of all people who were carers. Carers were being supported, for example, by offering health checks and referral for social services support. The practice was pro-active in making contact with carers, for example by booking home visits for patients when their carer would be present. This gave staff the opportunity to speak with the carer informally during the appointment and establish if they needed any further support. The practice also maintained a list of children and young people with family members suffering serious illness, and provided support to them, signposting them to other services when needed.

Staff told us that if families had suffered bereavement, their usual GP contacted them. 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.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local CCG to plan services and to improve outcomes for patients in the area. For example, they worked with the CCG in discharge planning, referring patients to a multi-disciplinary service to prevent readmissions.

Services were planned and delivered to take into account the needs of different patient groups and to help provide ensure flexibility, choice and continuity of care. For example;

- The practice offered early appointments from 7:30am every morning, which were particularly beneficial for those working during the daytime.
- The practice held a walk-in service every morning from 8:00am to 10:30am for those who wanted urgent appointments as well as those who preferred not to pre-book. The practice advised patients that if they attended prior to 10:30am, they would be guaranteed to be seen.
- The practice was flexible with their approach to booking urgent appointments, especially for children, those with long-term conditions, and older patients.
- There were longer appointments available for people who required additional time, for example those with more complex needs, or those with any communication or language barriers.
- Home visits were available for older patients and those who required them.
- There were disabled facilities, hearing loop and translation services available.
- The practice was utilising an online system for appointment booking and repeat prescription requests. The practice also encouraged patients to contact via email, which was useful for those who were unable to call during practice opening hours.
- The practice was implementing methods to improve access for young people, and had targeted information in the patient waiting areas, advising people of the methods of contact, including by email. The practice was supportive of young people with complex mental health needs. The GPs had provided their email addresses to a number of young patients, and advised these patients that they were contactable at any time. The GPs were working closely with these patients, as well as with colleagues from the mental health sector to provide support and continuity of care.

Access to the service

The practice was open between 7:30am and 6:00pm Monday to Friday. Appointments are from 7:30am to 11:00am every morning and between 12:00pm and 5:30pm on Mondays, 2:00pm and 5:30pm on Tuesdays, 12:00pm and 3:50pm on Wednesdays, 3:00pm and 5:50pm on Thursdays and 12:00pm and 1:00pm on Fridays. Extended hours appointments are available between 7:30am and 8:00am every weekday morning. Pre-bookable appointments could be booked up to two weeks in advance, and urgent appointments were also available for people that needed them. The practice also had a walk-in service every morning from 8:00am to 10:30am, which allowed access for those requiring urgent as well as routine appointments.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was above local and national averages. This was supported by the comments cards we received, and the information we obtained from patients we spoke to on the day of the inspection. For example:

- 81% of patients were satisfied with the practice's opening hours compared to the CCG average of 69% and national average of 75%.
- 97% of patients said they could get through easily to the surgery by phone compared to the CCG average of 63% and national average of 73%.
- 96% patients said they found the receptionists at the practice helpful compared to the CCG average of 83% and national average of 87%.
- 88% of patients described their experience of making an appointment as good compared to the CCG average of 68% and national average of 73%.
- 68% of patients feel they don't normally have to wait too long to be seen compared to the CCG average of 50% and the national average of 58%.

Listening and learning from concerns and complaints

Good

Are services responsive to people's needs?

(for example, to feedback?)

The practice had a system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. There was a lead person for complaints in the practice, who dealt with all complaints.

We saw that information was available to help patients understand the complaints system, for example notices were on display in the waiting area advising patients of the process for making a complaint. There was also information on the practice website about their complaints procedure, and the practice had a notice in the waiting area inviting patients to submit any concerns or suggestions.

The practice was proactive in managing verbal complaints, which resulted in a low number of formal complaints. We looked at one formal complaint, received in the last 12 months and found that this was satisfactorily handled, and the issues were rectified in a timely way. The practice provided a response to the patient involved and reflected on the incident, taking away learning points.

Are services well-led?

Good

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. The practice reviewed their vision, to ensure that it was current. The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- There were designated leads for a range of key areas, such as infection control, safeguarding and complaints. Staff knew who to contact with any queries on these key areas.
- Practice specific policies were implemented and were available to all staff. These had been regularly reviewed and updated.
- All staff had a comprehensive understanding of the performance of the practice.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements. The practice had also identified risks and carried out responsive audits.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership, openness and transparency

The partners in the practice have the experience, capacity and capability to run the practice and ensure high quality care. They prioritise safe, high quality and compassionate care. The partners were visible in the practice and staff told us that they were approachable and always take the time to listen to all members of staff. The partners encouraged a culture of openness and honesty. The partners had a number of additional responsibilities and interests, and brought additional skills and knowledge to the practice.

Staff told us that all-staff team meetings were held quarterly, and clinical team meetings weekly. They reported there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and were confident in doing so and felt supported if they did. We also heard that staff felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, proactively gaining patients' feedback and engaging patients in the delivery of the service. There were signs in reception inviting patients to provide feedback. The practice had most recently completed a patient survey in 2014, although was also using information from the most recent National GP Patient Survey to consider patient experience. The practice had recently reviewed the function of the patient participation group (PPG) and set up a new group. The PPG aimed to meet regularly and identify areas of improvement.

The practice had also gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Innovation

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and, for example, was taking part in a study on dementia prevention, run by Imperial College London. The practice had volunteered to take place in this study, which aimed to better understand cognitive and functional changes over time, and factors influencing progression to dementia. The practice was promoting this study (for example, with signs in the waiting room containing further information), and patients who expressed an interest were contacted by Imperial College London.