

Swiss Cottage Surgery

Quality Report

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

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Swiss Cottage Surgery on 16 June 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment. However staff had not undertaken formal adult safeguarding or Mental Capacity Act training. Awareness was shown of each of these subjects.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- Some of the written practice policies did not reflect practice and were in need of some revision.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvement are:

Summary of findings

- Review policies to ensure they reflect what is happening in practice and ensure there are no discrepancies. For example ensuring the right level of safeguarding training is displayed in the procedure.
- Ensure all staff receive formal Mental Capacity Act and adult safeguarding training.

Professor Steve Field CBE FRCP FFPH FRCGP
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients 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 systems, processes and practices in place to keep patients safe and safeguarded from abuse. Staff had not undertaken formal adult safeguarding training, however when asked staff were able to demonstrate an awareness of the issues..
- Practice policies did not always reflect what was happening in practice and were in need of review. For example the safeguarding policy stated that GPs were trained to level 2 child safeguarding where in fact they were trained to level 3. Some practices that had been adopted by the practice were in need of including in the policies to ensure they remained current.
- Risks to patients were assessed and well managed.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. Staff had not received formal training on the mental capacity act but showed awareness of the issues. The practice planned to carry out this training in a formal way.
- The practice employed a Physicians Associate (PA) who actively managed the long term conditions registers and provided support to other members of the clinical team.
- There was evidence of appraisals and personal development plans for all staff.

Summary of findings

- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example the nurse training pilot and the employment of a Physician Associate (PA).
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings. However some policies needed revising to reflect what happens in every day practice.

Good



Summary of findings

- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice worked with complex care nurses in the management of patients on the practice frailty register.
- A weekly ward round was conducted at a local assisted living and care home.
- Multi-disciplinary meetings were conducted on a monthly basis with the management of the care home, geriatrician, occupational therapist, community nursing team and social workers.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The percentage of patients whose last blood pressure reading was 140/80 mmHg or less was 77% compared to the national average of 78%. The percentage of patients with a recorded foot examination and risk classification was 93% compared to the national average of 88%.
- Longer appointments were available with the Physician Associate (PA).
- There was an increase in the number of people on the long term conditions registers through early diagnosis provided by the PA.
- Home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP and PA worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Summary of findings

Families, children and young people

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

Good



- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice provided a full post and antenatal service including a weekly baby clinic to provide support and immunisations.
- The practice provided a consultant paediatrician led clinic.
- The practice's uptake for the cervical screening programme was 73%, which was comparable to the CCG average of 72% and the national average of 81%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors.

Working age people (including those recently retired and students)

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

Good



- The needs of 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 bookable Saturday morning appointments with both GP and nurse.
- The practice was proactive in offering online services including booking appointments, ordering prescriptions and reviewing medical records.
- The practice offered an email address to patients for them to contact the practice regarding medicines, investigations and for routine advice.
- A full range of health promotion and screening that reflects the needs for this age group.

People whose circumstances may make them vulnerable

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

Good



Summary of findings

- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- 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 proactively visited local homeless shelters in order to find their registered patients and provide a service to them. They also welcomed new homeless people as patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- The practice offered a GP led substance misuse clinic and six monthly drug monitoring programme.
- All palliative care patients had a named GP and routine home visits were carried out to all patients on the register.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

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 percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive agreed care plan documented in the record was 93% compared to the national average of 88%.
- The percentage of patients diagnosed with dementia who had received a face to face review was 73% compared to the national average of 84%. The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Good



Summary of findings

- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing in line with local and national averages. Four hundred and fourteen survey forms were distributed and 100 were returned. This represented 0.8% of the practice's patient list.

- 89% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 77% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 90% of patients described the overall experience of this GP practice as good compared to the national average of 85%).

- 91% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 10 comment cards which were all positive about the standard of care received. Patients commented that they received a friendly professional service and that they were included in their care and treatment

We spoke with six patients during the inspection. All six patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

Areas for improvement

Action the service **SHOULD** take to improve

- Review policies to ensure they reflect what is happening in practice and ensure there are no discrepancies. For example ensuring the right level of safeguarding training is displayed in the procedure.
- Ensure all staff receive formal Mental Capacity Act and adult safeguarding training.

Swiss Cottage 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, a practice nurse specialist adviser, a practice manager specialist adviser and an Expert by Experience.

Background to Swiss Cottage Surgery

Swiss Cottage Surgery is located in the London Borough of Camden. The practice has a patient list of approximately 21011. Thirty six percent of patients are aged under 18 (compared to the national practice average of 15%) and 9% are 65 or older (compared to the national practice average of 17%). Thirty five percent of patients have a long-standing health condition.

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 staff team comprises five GP partners (three male and two female, working a combined total of 27 sessions per week), three female salaried GP's (working a combined total of 12 sessions per week), three GP registrars (one male, two female working a combined total of 20 sessions per week), a male Physician's Associate (PA) who worked eight sessions per week, three full time female practice nurses and a female healthcare assistant (working a combined total of 38 sessions per week). The practice also consisted of a practice manager, assistant practice

manager, secretarial and administrative staff. The practice offers a total of 97 clinical sessions per week. Swiss Cottage Surgery holds a General Medical Service (GMS) contract with NHS England.

The practice is open between 8.00am and 6:30pm Monday to Friday. Appointments are from 8.00am to 12.00pm every morning and 3.00pm to 6.00pm daily. Extended hours appointments were offered on a Saturday between 9:30am and 1.00pm. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments are also available for people that need them.

Outside of these times, cover is provided by an out of hour's provider.

The practice is registered to provide the following regulated activities which we inspected: treatment of disease, disorder or injury; surgical procedures; diagnostic and screening procedures and maternity and midwifery services.

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.

The practice has not previously been inspected.

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 16 June 2016. During our visit we:

- Spoke with a range of staff (clinical, managerial and administrative) and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

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

- Is it safe?
- Is it effective?

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available. 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).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example an event occurred where a completed cervical smear test was found in a clinical room and not been sent to the laboratory for processing. The practice telephoned the laboratory who confirmed that the test could still be used. The practice telephoned the patient to explain what had happened. Following discussion at a practice meeting, procedures were changed to ensure any samples taken were stored in a separate clearly marked area. The practice implemented a clear desk policy to prevent this issue from reoccurring.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements 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. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. Staff had not formally undertaken adult safeguarding training but displayed awareness of the issues surrounding this and the processes to follow. 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)

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. . Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to

Are services safe?

employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments (May 2015) and carried out regular fire drills. All electrical equipment was checked on a three yearly cycle to ensure the equipment was safe to use, last tested in January 2014. Clinical equipment was checked to ensure it was working properly in August 2015. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). Legionella was last tested in May 2015. A further test was scheduled for July 2016.
- 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 enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

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

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to a CCG initiated website which provided clinical pathways for many conditions that had been developed and agreed by primary and secondary care providers. The practice also used guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 99.1% of the total number of points available.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/2015 showed:

- Performance for diabetes related indicators was comparable to the national average. The percentage of patients whose last blood pressure reading was 140/80 mmHg or less was 77% compared to the national average of 78%. The percentage of patients with a recorded foot examination and risk classification was 93% compared to the national average of 88%.
- Performance for mental health related indicators was comparable to the national average. The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive agreed care plan documented in their record was 93%

compared to the national average of 88%. The percentage of patients diagnosed with dementia who had received a face to face review was 73% compared to the national average of 84%

- There was evidence of quality improvement including clinical audit.
- There had been seven clinical audits completed in the last two years, four of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. The practice audited their prescribing of Methotrexate. In 2015 they found that 93% of patients who took the medicine were aware of the risks, benefits and side effects of taking the medicine and that 82% had a record of whether the patient held a monitoring and information booklet recorded in the computerised notes. The practice undertook a period of informing all patients during consultations and when the audit was repeated in 2016, the practice scored 100% for both areas. This showed that they were performing above the CCG standard of 80% in both areas.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. 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. Four members of the clinical team had undertaken specific training in order to provide injectable therapies to diabetic patients.
- 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. All staff had received an appraisal within the last 12 months.
- The practice was hosting a trainee practice nurse for a year. This involved the trainee working under the supervision of the lead nurse.
- The practice was also supporting the Polish healthcare assistant to gain her nurse registration. The HCA was a registered nurse in Poland before working at the practice.
- Staff received training that included: 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. However non clinical staff had not undertaken formal adult safeguarding training but showed awareness of this.

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.
- 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. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

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.
- Processes and procedures were in place regarding mental capacity however only one clinical member of staff had undertaken formal training and no non-clinical members of staff had received formal training but were aware of their responsibilities under the act.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. 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. Patients were signposted to the relevant service.
- Smoking cessation advice was available from the practice nurse and patients were also referred to a local support group.

The practice's uptake for the cervical screening programme was 73%, which was comparable to the CCG average of 72% and the national average of 81%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice was aware of the low figures and had identified possible areas that may have caused this. For example many of their patients had either had the test done privately or abroad. The practice audited records and proactively spoke to patients in order to identify the date of the last test so that it could be coded

Are services effective?

(for example, treatment is effective)

in their records. The practice hoped that this would provide a more accurate figure and enable future recall to be accurate. The practice continued to encourage patients to come for the 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. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 76% to 94% (CCG average range of 77% to 93%) and five year olds from 70% to 91% (CCG average range of 78% to 93%).

.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.

The practice employed a Physician Associate (PA) who worked in the same way as a doctor by carrying out routine examinations, diagnosing health concerns ordering further investigations and referring to specialist care. The PA was

responsible for the routine management of patients with long term conditions and provided extended review appointments (30 minutes) in order to carry out appropriate investigations for patients presenting with undiagnosed symptoms. The reviews involved assessment of conditions and appropriate treatment and advice to be able to successfully manage conditions. The PA reviewed all patients taking inhalers to ensure an accurate diagnosis has been made and patients are not prescribed without being on the Asthma register. Through clinical note review, the extended reviews and in-house education, the practice increased its asthma cohort from 301 to 479 patients with newly implemented formal respiratory testing at diagnosis.

The practice found the PA to be an effective addition to the clinical team. For example before the PA started, the practice had 54 patients on COPD register many of which were not diagnosed with full post-bronchodilator spirometry or had incorrectly interpreted spirometry. The PA was able to recheck these patients and establish a correct diagnosis, this saw an initial drop in COPD cases. In order to increase the rates of diagnosis the PA introduced a screening tool for use by all clinicians. The surgery invested in hand-held spirometers for all clinical rooms and GPs and Nurses were encouraged to screen all patients with a history of smoking. This led to 604 patients being screened – directly leading to 27 new diagnoses. Also patients with symptoms were referred once symptoms cleared for direct post-bronchodilator spirometry. This had resulted in further new diagnoses and our current COPD register stands at 117.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All of the 10 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

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

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

- 91% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 86% and the national average of 89%.
- 88% of patients said the GP gave them enough time compared to the CCG average of 82% and the national average of 87%.
- 99% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.

- 80% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 91% 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%.
- 87% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

- 92% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and the national average of 86%.
- 78% 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%.
- 86% 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%.

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

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

Patient and carer support to cope emotionally with care and treatment

Are services caring?

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.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 393 patients as carers (2% of the practice list). Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, being involved in a pilot scheme which saw a nurse in training assigned to the practice in order to increase nursing capacity. The practice was also one of three practices that were piloting a joint working clinic at the practice with a local consultant paediatrician. Until recently the practice had been involved in a pilot to provide video consultations to patients. This proved popular with over 1000 consultations taking place.

- The practice offered a Saturday morning bookable clinic between 9:30am and 1.00pm for families and working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation. Many of these appointments were out of school hours.
- The practice provided a full post and antenatal service including a weekly baby clinic to provide support and immunisations.
- The practice offered an email address which patients used for routine enquiries regarding medications, investigations or advice.
- The practice worked with complex care nurses to manage patients on the practice frailty register.
- The practice provided a GP led substance misuse clinic and undertook six monthly drugs testing in order to monitor patients.
- The practice provided a service to the homeless population group. It also kept a homeless register and proactively searched for people registered with the practice in local homeless shelters.
- All palliative care patients had a named GP and routine visits were carried out to all patients on the register.

- The practice provided a ward round for an assisted living and care home. This also included monthly multidisciplinary meetings with the home, geriatrician, occupational therapist, community nurse team and social workers.
- Extended appointments of 30 minutes were available with the Physician Associate (PA) for patients with long term conditions.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- The practice had a lift to improve access to the second floor.
- There were disabled facilities, a hearing loop and translation services available.

Access to the service

The practice was open between 8.00am and 6:30pm Monday to Friday. Appointments were from 8.00am to 12.00pm every morning and 3.00pm to 6.00pm daily. Extended hours appointments were offered on a Saturday between 9:30am and 1.00pm. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them.

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

- 81% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 89% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

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

The practice had a system in place 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.

Are services responsive to people's needs?

(for example, to feedback?)

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system within the practice on the notice screen and in the complaints leaflet. Information was also available on the website.

We looked at six complaints received in the last 12 months and found that they were handled in line with the practice policy. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, a complaint was received where the time of an appointment was changed at short notice and was instead booked to see the Physician Associate (PA) which the patient was not happy with. An apology and explanation was given to the patient along with an appointment to see a GP. Procedures were changed following this to ensure that receptionists asked patients whether they would be happy to see the PA at the time of booking.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff. However some policies needed to be looked at in order to ensure they were consistent with the practice carried out.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included

support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

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

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

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, it was suggested that the practice developed a specific website for patients who have long term conditions in order for them to receive specific health information on their condition and so that they can manage their own condition. The practice was looking into the feasibility of this suggestion.
- The practice had gathered feedback from staff through appraisals, practice meetings and informal meetings. Staff told us they would not hesitate to give feedback

Are services well-led?

Good 

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

and discuss any concerns or issues with colleagues and management. The practice ran a bring your own ideas practice meeting where staff could bring their own suggestions for improvement to be discussed. For example it was suggested that a GP and nurse triage system was put in place. The idea was being considered by the management team who agreed to explore the Doctor First GP triage system before developing a practice based system. Another suggestion was to install more chairs with arm rests in order to improve the comfort of the waiting areas. These were purchased and installed following the suggestion. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example the employment of the Physician Associate (PA) to provide support to the clinical staff and the nurse training pilot. The practice was hoping that funding would be made available to build on the video consultation pilot which was successfully trailed at the practice in order to make it a permanent service.