

Brooke Road Surgery

Quality Report

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Date of inspection visit: 8 December 2015

Date of publication: 19/04/2016

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?

Requires improvement



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 Brooke Road Surgery on 8 December 2015. Overall the practice is rated as requires improvement.

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

- Although there was a policy on the reporting and recording of significant events, staff were not always reporting events in accordance with this policy.
- The practice did not hold a supply of all emergency medicines as would be expected, and further, did not have a system to track that emergency medicines were safe to use and in date. In addition, the practice did not have a defibrillator, and the emergency oxygen was not being assessed regularly for safety.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice did not have a system in place to monitor cervical smear tests, and ensure that all results were received by the practice and communicated to patients.
- 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, with urgent appointments available the same day.
- 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 areas where the provider must make improvements are:

- Ensure that all staff receive training on identifying and reporting significant events, and that the number and type of events reported is monitored.

Summary of findings

- Ensure that suitable emergency medicines are available for use.
- Ensure that a system is put in place to monitor that emergency medicines are in date and available for use.
- Ensure that a defibrillator is available for use in emergency situations.
- Ensure that a system is put in place to periodically check the oxygen available for use in emergencies.

The areas where the provider should make improvements are:

- Put in place a system to monitor results received for all samples sent for the cervical screening programme.

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 requires improvement for providing safe services.

Requires improvement



- There was a policy in place for reporting and recording significant events, however staff were not always reporting incidents in line with this policy.
- The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse.
- Most risks to patients were assessed and well managed, however the practice did not have adequate arrangements in place to respond to emergencies.
- Although there were some emergency medicines available in the treatment room, the practice did not have emergency medicines such as diazepam (for the treatment of seizures) or GTN Spray (for the treatment of chest pain of possible cardiac origin). The practice could not demonstrate that they had assessed the risk of not holding such medicines.
- Further, the practice did not have an effective system of regularly checking that the stock emergency medicines were in date and available.
- The practice did not have a defibrillator available on the premises for use in emergencies, and could not demonstrate that they had assessed the risk of not holding a defibrillator.
- The practice had a supply of oxygen with adult and children's masks, however, this equipment was last due to be checked three years prior to the inspection, and there was no record that this had been done.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data showed patient outcomes were at or above average for the locality.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of people's needs.

Summary of findings

However, the practice did not have a system in place to record and track cervical smear testing, meaning that it could not demonstrate that all results were communicated to patients.

Are services caring?

The practice is rated as good for providing caring services.

- Data showed that patients rated the practice lower than others for several aspects of care, however, the practice was aware of the issues raised and was working to improve patient satisfaction.
- Patients we spoke with 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.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- It 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.
- Patients said they found it easy to make an appointment with a named GP and that 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 that 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.

- It had a 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 this.
- 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.

Good



Summary of findings

- However, staff were not always following the practice policy regarding the reporting of incidents, and therefore the practice could not demonstrate that it learnt from events which occurred.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.

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.

- 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, and offered home visits and urgent appointments for those with enhanced needs.

Good



People with long term conditions

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.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check that their health and medicines needs were being met. 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.

Good



Families, children and young people

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. 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.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw good examples of joint working with midwives, health visitors and school nurses.

Good



Summary of findings

Working age people (including those recently retired and students)

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

- The needs of 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 was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- It offered longer appointments for people with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- It had told vulnerable patients about how to access various support groups and voluntary organisations.
- 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.

Good



People experiencing poor mental health (including people with dementia)

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

- The practice 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 had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- It 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 people with mental health needs and dementia.	
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Summary of findings

What people who use the service say

The national GP patient survey results published on 2 July 2015. The results showed the practice was performing below local and national averages on several measures. 447 survey forms were distributed and 78 were returned.

- 86.8% found it easy to get through to this surgery by phone compared to a CCG average of 72.4% and a national average of 73.3%.
- 80.5% found the receptionists at this surgery helpful (CCG average 87.3%, national average 86.8%).
- 71.2% were able to get an appointment to see or speak to someone the last time they tried (CCG average 83.5%, national average 85.2%).
- 87.4% said the last appointment they got was convenient (CCG average 88.1%, national average 91.8%).

- 75.6% described their experience of making an appointment as good (CCG average 71.5%, national average 73.3%).
- 74.8% usually waited 15 minutes or less after their appointment time to be seen (CCG average 61.7%, national average 64.8%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 15 comment cards which were all positive about the standard of care received.

We spoke with 12 patients during the inspection. All 12 patients said that they were happy with the care they received and thought that staff were approachable, committed and caring.

Brooke Road 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 advisor and an Expert by Experience.

Background to Brooke Road Surgery

Brooke Road Surgery is based in Hackney, London, and serves a population of 2751 patients. The practice population is diverse, with 63% of people identifying as White, 15.4% as Black/African/Caribbean/Black British, 11.5% as Asian/Asian British, 7% as mixed ethnic groups, and 3.1% as other ethnic groups.

There are two GP partners based at the practice (one male GP and one female GP). In addition, the practice employs a practice nurse, as well as a practice manager, and reception and administrative staff.

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

The practice is open between 10:00am and 2:00pm, and from 4:00pm to 6:30pm on Mondays, Tuesdays, Wednesdays and Fridays. Appointments are from 10:00am 1:30pm every weekday and from 4:00pm to 8:00pm on Mondays, and 4:00pm to 6:00pm on Tuesdays, Wednesdays and Fridays.

When the practice is closed, patients are redirected to a contracted out-of-hours service.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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.

This practice had not been inspected before.

How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 8 December 2015. During our visit we:

- Spoke with a range of staff (including GPs, the practice manager, the practice nurse and reception staff) and spoke with patients who used the service.
- Observed how people were being cared for and talked with carers and/or family members
- Reviewed 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.

Detailed findings

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 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)
- 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

Although there was a policy in place providing a definition of what the practice considered a significant event, as well as guidance on the reporting and recording of significant events, the practice was not reporting incidents in accordance with this policy. The practice had recorded three significant events in the past year. However, staff discussed a number of events on the date of the inspection which fell within the practice definition of significant event but were not reported as such. Further, the practice policy on significant events indicated that all complaints received should be reported as significant events, and we found that this was not being done by the practice.

As the practice were reporting only a limited number of significant events, they were unable to demonstrate that they were learning from incidents which occurred.

We looked at three incidents which had been reported, and found that these had been dealt with appropriately, fully investigated and discussed.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. 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 relevant to their role. GPs were trained to Safeguarding level 3.
- A notice in the waiting room advised patients that staff would act as chaperones, if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring service check (DBS

check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. 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 drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). 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. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We reviewed five personnel files and found that appropriate recruitment checks had been undertaken prior to 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. The practice had up to date fire risk assessments and carried out regular fire drills. 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

Are services safe?

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 and legionella.

- 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.

Arrangements to deal with emergencies and major incidents

The practice did not have 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.
- However, although there were some emergency medicines available in the treatment room, the practice did not have some emergency medicines such as diazepam (for the treatment of seizures) or GTN Spray (for the treatment of chest pain of possible cardiac origin). The practice could not demonstrate that they had assessed the risk of not holding such medicines.

- Further, the practice did not have an effective system of regularly checking that emergency medicines were in date and available.
- The practice did not have a defibrillator available on the premises for use in emergencies, and could not demonstrate that they had assessed the risk of not holding a defibrillator.
- The practice had a supply of oxygen with adult and children's masks, however, this equipment was last due to be checked three years prior to the inspection, and there was not record that this had been done.
- There was 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.
- 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 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 guidelines from NICE and used this information to deliver care and treatment that met peoples' 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 Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 97% of the total number of points available, with 12.6% exception reporting. 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 better than the CCG and national average. For example, 98% of patients with diabetes had a last blood pressure reading (measured in the preceding 12 months) of 150/90 mmHg or less, compared to the CCG average of 95.9% and national average of 91.4%. In addition, 100% of patients newly diagnosed with diabetes in the preceding year had been referred to a structured education programme within 9 months, compared to the CCG average of 96.5% and national average of 90.3%.
- For patients with hypertension, 90.7% had a blood pressure reading (measured in the preceding 12 months) of 150/90 mmHg or less, compared to the CCG average of 87.9 % and national average of 83.6%.
- Performance for mental health related indicators was better than the CCG and national averages. For example, 100% of patients with schizophrenia, bipolar affective

disorder and other psychoses had a comprehensive care plan documented in the record, in the preceding 12 months, compared to the CCG average of 85.4% and national average of 88.3%.

Clinical audits demonstrated quality improvement.

- There had been four 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, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, the practice had recently audited the prescription of medicines for diabetes, and reviewed and reiterated guidance, ensuring that that third-line diabetic medicines were being prescribed in line with NICE guidelines.

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, 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.
- 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, one-to-one meetings, appraisals, clinical supervision and facilitation and support for the revalidation of doctors. All staff had had an appraisal within the last 12 months.
- 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.

Coordinating patient care and information sharing

Are services effective?

(for example, treatment is effective)

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. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring people 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 are 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

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, where appropriate, recorded the outcome of the assessment.
- The process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

Health promotion and prevention

The practice identified patients who may be in need of extra support.

- These included patients in the last 12 months of their lives, carers, 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.
- A dietician was available on the premises and smoking cessation advice was available from a local support group.

The practice did not have a system for ensuring results were received for every sample sent as part of the cervical screening programme. The practice should put a system in place to ensure that all tests taken are tracked and results are communicated to patients.

The practice's uptake for the cervical screening programme was 79.02%, which was comparable to the national average of 81.88%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. 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 comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 76% to 88% (compared to the CCG range of 80.6% to 92.5%) and five year olds from 89.5% to 100% (compared to the CCG range of 81.3% to 94.4%). Flu vaccination rates for the over 65s were 74.21 (compared to the national average of 73.24%), and for at risk groups 65.3%(compared to the national average of 52.29%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks 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.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed that members of staff were courteous and very helpful to patients and treated people 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 and that 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 15 patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered a good service, and reported that the reception and clinical staff were caring and helpful.

We also spoke with one member of the patient participation group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

However, results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was below average for its satisfaction scores on consultations with doctors and nurses. For example:

- 76.9% said the GP was good at listening to them compared to the CCG average of 86% and national average of 88.6%.
- 68.5% said the GP gave them enough time (CCG average 83.1%, national average 86.6%).
- 84.1% said they had confidence and trust in the last GP they saw (CCG average 93.3%, national average 95.2%).
- 66.3% said the last GP they spoke to was good at treating them with care and concern (CCG average 83%, national average 85.1%).

- 81.8% said the last nurse they spoke to was good at treating them with care and concern (CCG average 85.9%, national average 90.4%).
- 80.5% said they found the receptionists at the practice helpful (CCG average 87.3%, national average 86.8%).

The practice had evidence that these issues had been discussed at a meeting with the PPG, and the practice were actively reinforcing communication and engagement skills with clinicians to improve patient satisfaction.

Care planning and involvement in decisions about care and treatment

Patients told us that 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 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were below local and national averages. For example:

- 66.6% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83.3% and national average of 86%.
- 67.5% said the last GP they saw was good at involving them in decisions about their care (CCG average 78.2%, national average 81.4%).

The practice had evidence that these issues had been discussed at a meeting with the PPG, and the practice were actively reinforcing communication and engagement skills with clinicians to improve patient satisfaction.

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.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 7.3% of the practice list as carers. 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. 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.

- Home visits were available for older patients and patients who would benefit from these.
- Newly diagnosed patients with long term conditions, and those with multiple long term conditions were able to book longer appointments.
- The practice ran a diabetic clinic twice a month, a dietician clinic every other month, and a clinic with a heart failure nurse twice a year.
- Same day appointments were available for children and those with serious medical conditions.
- The practice had a baby clinic twice a month, for health visitor reviews, immunisations and baby checks.
- There were appointments available with the GPs and practice nurse on one evening a week.
- There were online services for patients including to book appointments and request repeat prescriptions.
- There were disabled facilities and translation services available.

Access to the service

The practice was open between 10:00am and 2:00pm, and from 4:00pm to 6:30pm on Mondays, Tuesdays, Wednesdays and Fridays. Appointments were from 10:00am 1:30pm every weekday and from 4:00pm to 8:00pm on Mondays, and 4:00pm to 6:00pm on Tuesdays, Wednesdays and Fridays. 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 better than local and national averages, with the exception of satisfaction with the practice's opening hours. The practice informed us that they had trialled different opening hours, and had reviewed patient feedback in order to establish what opening hours suited the majority of patients.

- 69.8% of patients were satisfied with the practice's opening hours compared to the CCG average of 77.8% and national average of 74.9%.
- 86.8% patients said they could get through easily to the surgery by phone (CCG average 72.4%, national average 73.3%).
- 75.6% patients described their experience of making an appointment as good (CCG average 71.5%, national average 73.3%).
- 74.8% patients said they usually waited 15 minutes or less after their appointment time (CCG average 61.7%, national average 64.8%).

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, including a poster in the waiting room detailing the complaints process.

We looked at three complaints received in the last 12 months and found that these had been dealt with in an appropriate and timely manner.

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 vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement which 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, staff were not following the significant event reporting policy.
- A programme of continuous clinical and internal audit which is used to monitor quality and to make improvements
- There were arrangements for identifying, recording and managing risks, however the practice was not managing all risks to patients, including by not holding adequate emergency medicines or a defibrillator, and by not maintaining a log of cervical smear testing.

Leadership, openness and transparency

The partners in the practice have the experience, capacity and capability to run the practice. 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 provider was aware of and complied with the requirements of the Duty of Candour. The partners

encouraged a culture of openness and honesty. However, as staff were not always reporting events in line with the significant event reporting policy, the practice could not demonstrate that they effectively monitored and responded to risks and incidents within the practice.

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

- Staff told us that the practice held regular team meetings.
- 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.

- It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met on a regular basis, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the practice had discussed the results of the national patient survey with the PPG, and identified that patient satisfaction on GP consultations was below the national average. The PPG had identified this as a learning point and as a result the practice discussed these issues and reviewed areas for improvements in the practice meeting.
- The practice had also gathered feedback from staff through appraisals and team meetings. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management and told us they felt involved and engaged to improve how the practice was run.

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Regulation 12:</p> <ol style="list-style-type: none">1. Care and treatment must be provided in a safe way for service users.2. Without limiting paragraph (1), the things which a registered person must do to comply with that paragraph include—<ol style="list-style-type: none">A. assessing the risks to the health and safety of service users of receiving the care or treatment;B. doing all that is reasonably practicable to mitigate any such risks; <p>How the regulation was not being met:</p> <p>The practice was not reporting significant events in accordance with practice policy. They were not monitoring significant events effectively, not evaluating or improving practice in response.</p> <p>The practice did not hold a supply of all emergency medicines as would be expected (including diazepam and GTN spray).</p> <p>The practice did not have a system to track that emergency medicines were safe to use and in date.</p> <p>The practice did not have a defibrillator.</p> <p>The emergency oxygen was not being assessed by the practice regularly to ensure it was available and safe to use.</p>

This section is primarily information for the provider

Requirement notices