

Dr Amrish Gor

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?

Requires improvement



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 Dr Amrish Gor (Havergal Surgery) on 7 July 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. However the practice had not carried out a full health and safety risk assessment and could not provide evidence of any previous assessments.
- 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 non-clinical staff were in need

of updating information governance training and clinical staff had not received formal training on the Mental Capacity Act 2005 despite being able to show a working knowledge of this.

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- There was no programme of quality improvement through continuous clinical audit.
- We found that a number of published QOF domains were lower than the National/CCG average although we were provided with some evidence that improvements had been made albeit relating to unverified and unpublished data.
- 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.

Summary of findings

- Not all staff acting as chaperones had a Disclosure and Barring Service (DBS) check. However for some staff this had been applied for in June 2016.
- 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:

- Carry out a health and safety risk assessment for the practice.

- Implement a continuous programme of quality improvement including clinical audit, to include review of QOF performance and patient coding.
- Update staff information governance and mental capacity act training.
- Ensure that staff roles are appropriately risk assessed such that staff who act as chaperones are checked against the DBS register.
- To investigate ways to improve cervical smear results.
- To review how the practice identifies patients with caring responsibilities to ensure information advice and support is available.

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. Non clinical staff had not received a Disclosure and Barring (DBS) check; however they were being processed at the time on inspection. Risks to patients were assessed and managed, however the practice had not carried out a health and safety risk assessment.

Are services effective?

The practice is rated as requires improvement for providing effective services.

Requires improvement



- Data showed patient outcomes were low compared to the national average. For example;
 - In 2014-2015, the percentage of patients with schizophrenia, bipolar affective disorder or other psychoses who had a comprehensive, agreed care plan was 22% compared to the CCG average of 87% and the national average of 88%. However the practice was working on improving the figures and for 2015-2016 the unverified figure had increased to 74%.
 - In 2014-2015, the percentage of patients with diabetes who had a flu immunisation in the last 12 months was 70% compared to the CCG average of 88% and the national average of 94%. The practice had improved this and provided an unverified figure of 83% in 2015-2016.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- There was limited evidence that audit was driving improvement in patient outcomes.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.

Summary of findings

- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

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. The practice identified a high proportion of patients with poor mental health; for those patients care was shared between the practice, community support services and the local mental health recovery team. This was to ensure that all patients received the best care possible through shared care.
- 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.

Good



Summary of findings

- 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.
- There was a 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.

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; urgent appointments were available for those with enhanced needs.
- Home visits were available for patients who were house bound or unable to attend the practice.
- The practice took part in monthly multidisciplinary teleconferences to discuss the needs of older people on the register.

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.
- In 2014-2015, the percentage of patients with diabetes in whom the last IFCC-HbA1c was 64 mmol/mol or less was 58% compared to the CCG average of 74% and the national average of 77%.
- In 2014-2015, the percentage of patients with diabetes who had a flu immunisation in the last 12 months was 70% compared to the CCG average of 88% and the national average of 94%. The practice had improved the figure to 83% in 2015-2016.
- Longer appointments and home visits were available when needed.
- 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 worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

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

Good



Summary of findings

- 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's uptake for the cervical screening programme was 60%, which was comparable to the CCG average of 72% and the national average of 74%. The practice was aware of the low figure which had been an issue for the practice over a number of years. The practice was working on improving this through inviting patients and publicising the service within the practice. 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).

- 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 a full range of health promotion and screening that reflects the needs for this age group.
- The practice offered extended hours opening on a Tuesday and Wednesday morning between 7:30am and 8am.
- Online services were available for patients to book appointments and to request repeat prescriptions.

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 and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.

Good



Summary of findings

- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed 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.

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).

- In 2014-2015, the percentage of patients with schizophrenia, bipolar affective disorder or other psychoses who had a comprehensive, agreed care plan documented in their records was 22% compared to the CCG average of 87% and the national average of 88%. The practice figure rose to 74% in 2015-2016.
- In 2014-2015, the percentage of patients diagnosed with dementia whose care had been reviewed in a face to face review was 57% compared to the CCG average of 86% and the national average of 84%. The practice figure rose to 80% in 2015-2016.
- 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.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing in line with local and national averages. Three hundred and eighty seven survey forms were distributed and 102 were returned. This represented 7% of the practice's patient list.

- 56% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 72% 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%.
- 75% of patients described the overall experience of this GP practice as good compared to the national average of 85%).

- 71% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 72% and 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 41 comment cards which were all positive about the standard of care received. Comments showed that the practice provided a good service, patients felt included in the decision making about their care, the staff were friendly and professional and the environment was always clean.

We spoke with seven patients during the inspection. All seven patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. The result of the May 2016 friends and family test showed that 87% that completed the test were extremely likely to recommend the practice.

Areas for improvement

Action the service **SHOULD** take to improve

- Carry out a health and safety risk assessment for the practice.
- Implement a continuous programme of quality improvement including clinical audit, to include review of QOF performance and patient coding.
- Update staff information governance and mental capacity act training.
- Ensure that staff roles are appropriately risk assessed such that staff who act as chaperones are checked against the DBS register.
- To investigate ways to improve cervical smear results.
- To review how the practice identifies patients with caring responsibilities to ensure information advice and support is available.

Dr Amrish Gor

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, and an Expert by Experience.

Background to Dr Amrish Gor

Dr Amrish Gor (Havergal Surgery) is located in the London Borough of Haringey. The practice has a patient list of approximately 5300. Thirty four percent of patients are aged under 18 (compared to the national practice average of 15%) and 16% are 65 or older (compared to the national practice average of 17%). Fifty four 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 the practice principal GP (male), four salaried GP's (three female and one male), a full time nurse practitioner, a full time female practice nurse, and a full time female healthcare assistant. The practice provided a total number of 28 GP sessions, 10 nurse's clinics and 5 HCA clinics per week. Practice staff also consists of a practice manager, administrative and reception staff. Dr Amrish Gor holds a Personal Medical Service (PMS) contract with NHS England.

The practice's opening hours are:

Monday 8am to 6:30pm

Tuesday 7:30am to 6:30pm

Wednesday 7:30am to 6:30pm

Thursday 8am to 5:30pm

Friday 8am to 6:30pm

Extended hours opening are offered on

Tuesday and Wednesday 7:30am to 8am

Consultation times are:

Monday, Wednesday and Friday 8:30am to 11:30am and 2:30pm to 5:30pm

Tuesday 8am to 11am and 2:30pm to 5pm

Thursday 8:30am to 11:30am and 2:30pm to 4pm

In addition to pre-bookable appointments that can be booked up to four weeks in advance, urgent appointments are also available for people that needed 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 and diagnostic and screening procedures.

The practice has not previously been inspected

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.

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 7 September 2016. During our visit we:

- Spoke with a range of staff (GPs, Practice nurse, Practice Manager and administrative staff) 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 on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- 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, the practice accidentally faxed a patient referral to a non NHS organisation's fax machine causing an information governance breach. The patient was contacted and informed of the incident and received an apology from the practice. The practice reviewed its policies and deleted the fax number from the system. The incident was discussed at a practice meeting to ensure all staff were aware in order to avoid the incident being repeated.

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. 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 on safeguarding children and vulnerable adults relevant to their role. The GPs and nurse were trained to child protection or child safeguarding level 3. Non-clinical staff were trained to level 1 for child protection.

- 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. Chaperones had not received a Disclosure and Barring Service (DBS) check prior to our inspection but were carrying out the duties of a chaperone when required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). However the practice had applied for all staff to receive a DBS check. We were provided with evidence of the applications dated 30 June 2016.
- 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. She received mentorship and

Are services safe?

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

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. However the practice had not undertaken a full health and safety risk assessment. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked (valid until June 2017) to ensure the equipment was safe to use and clinical equipment was checked in January 2016 to ensure it was working properly. 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).

- 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 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 68% (rounded) of the total number of points available.

This practice was an outlier for QOF clinical targets. Data from 2015/2015 showed:

- Performance for diabetes related indicators was below the CCG and the national average. For example, the percentage of patients with diabetes in whom the last IFCC-HbA1c was 64 mmol/mol or less was 58% compared to the CCG average of 74% and the national average of 77%. The percentage of patients with diabetes who had a flu immunisation in the last 12 months was 70% compared to the CCG average of 88% and the national average of 94%.
- Performance for mental health related indicators was below the CCG and national average. For example the percentage of patients with schizophrenia, bipolar affective disorder or other psychoses who had a comprehensive, agreed care plan documented in their records was 22% compared to the CCG average of 87% and the national average of 88%. The percentage of

patients diagnosed with dementia whose care had been reviewed in a face to face review was 57% compared to the CCG average of 86% and the national average of 84%.

- Performance for other health related indicators was below the CCG and national average. For example, the percentage of patients with asthma who had an asthma review that included an assessment of asthma control using the three RCP questions was 49% compared to the CCG and national average of 75%. The percentage of patients with COPD who had a review undertaken which included an assessment of breathlessness using the Medical Research Council dyspnoea scale was 43% compared to the CCG average of 87% and the national average of 89%.

The practice was aware of the low figures for 2014/2015 and had carried out an audit to investigate why the figures were so low. The result of the audit showed that there was an issue within the practice in regard to coding on the patient records. Further training was given to staff and a checking system was put in place to monitor the progress of QOF. The practice provided their submitted data for 2015/2016 which showed an improvement in their recorded figures. For example:

- The percentage of patients with diabetes who received a flu examination was 83% compared to the previous year's total of 70%.
- The percentage of patients with schizophrenia, bipolar disorder or other psychoses who had a comprehensive, agreed care plan documented in their records was 74% compared to the previous year's total of 22%.
- The percentage of patients diagnosed with dementia whose care had been reviewed in a face to face review was 80% compared to the previous year's total of 57%.
- The percentage of patients with asthma who had an asthma review that included an asthma control using the three RCP questions was 51%, compared to the previous year's total of 43%.
- The percentage of patients with COPD who had a review undertaken which included an assessment of breathlessness using the Medical Research council dyspnoea scale was 66% compared to the previous year's total of 43%.

Are services effective?

(for example, treatment is effective)

There was limited evidence of quality improvement including clinical audit.

- There had been two clinical audits conducted in the last two years, one of these was a completed audit where the improvements made were implemented and monitored. However, there was no regular programme of clinical audit in the practice to improve patient outcomes.
- The practice participated in local audits and national benchmarking Findings were used by the practice to improve services. An audit was undertaken to identify those patients with a family history of myocardial infarction (MI) or stroke who may be at risk of familial hypercholesterolemia (a genetic disorder characterized by high cholesterol levels, specifically very high levels of low-density lipoprotein (LDL, "bad cholesterol"), in the blood and early cardiovascular disease). The practice looked at the records of 297 patients to see if they had received a cholesterol test. Ninety two patients had never had their cholesterol tested and 204 who had a family history of MI or stroke had received a cholesterol check at least once. All patients involved in the audit were informed and invited to attend for a blood test. The audit was repeated three months later. The results of this showed that from the same group of patients, 78 of the patients reviewed had not received a cholesterol check and 74% of those with a family history had received a check. This showed that improvements had been made in the testing. The practice planned to continue to monitor this and invite patients for tests on a regular basis.

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.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of

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

- The learning needs of staff were identified through a system of 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.
- Staff received training that included: safeguarding, fire safety awareness and basic life support. Staff had access to and made use of e-learning training modules and in-house training. However staff information governance training was in need of updating.

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.

- Clinical staff had not received training on the Mental Capacity Act 2005, however they understood and

Are services effective?

(for example, treatment is effective)

demonstrated to the inspection team 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.

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.

The practice's uptake for the cervical screening programme was 60%, which was comparable to the CCG average of 72% and the national average of 74%. The practice was aware of the low figure which had been an issue for the practice over a number of years due to cultural groups within the practice population. The practice was working

on improving this through inviting patients and publicising the service within the practice. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. 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 averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 81% to 97% (CCG average range of 85% to 94%) and five year olds from 77% to 94% (CCG average range of 84% to 91%).

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All of the 41 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 its satisfaction scores on consultations with GPs and nurses. For example:

- 84% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 82% and the national average of 89%.
- 74% of patients said the GP gave them enough time compared to the CCG average of 79% and the national average of 87%.
- 90% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 91% and the national average of 95%.

- 78% 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%).
- 72% 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%).
- 79% of patients said they found the receptionists at the practice helpful compared to the CCG average of 82% 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:

- 74% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 80% and the national average of 86%.
- 71% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 69% 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 20 patients as carers (less than 1% of the practice list). The practice were currently undertaking audit work to help identify carers and improve their services to carers. This included proactive

questioning during consultations to help identify if a patient was a carer and adding a question on to the new patient registration form to ask if they were a carer. 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. The practice identified a high proportion of patients with poor mental health; for those patients care was shared between the practice, community support services and the local mental health recovery team. This was to ensure that all patients received the best care possible through shared care.

- The practice offered an early morning clinic on a Tuesday and Wednesday morning between 7.30am and 8.00am for 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.
- The practice was involved in multidisciplinary teleconferences with consultant geriatrician, community matron, pharmacist and social services to discuss the need of older people.
- The nurse practitioner ran specific diabetic, hypertension and asthma clinics.
- The practice offered online appointments, requests for repeat prescriptions and email enquiries.
- All patients on the vulnerable patient register are pre-booked follow up appointments if needed.
- The practice attends monthly mental health multidisciplinary meetings to discuss the needs of patients on the mental health registers.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS. Patients were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available.

Access to the service

The practice's opening hours were:

Monday 8am to 6:30pm

Tuesday 7:30am to 6:30pm

Wednesday 7:30am to 6:30pm

Thursday 8am to 5:30pm

Friday 8am to 6:30pm

Extended hours opening were offered on

Tuesday and Wednesday 7:30am to 8am

Consultation times were:

Monday, Wednesday and Friday 8:30am to 11:30am and 2:30pm to 5:30pm

Tuesday 8am to 11am and 2:30pm to 5pm

Thursday 8:30am to 11:30am and 2:30pm to 4pm

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.

- 68% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 56% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

The practice was aware of the low results regarding telephone access and had put an action plan together to address this matter. The plan included ensuring an extra member of staff was available to answer the telephone at peak times and the promotion of online booking services to reduce the number of telephone calls received.

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 including a complaints leaflet and poster in the waiting area.

We looked at five complaints received in the last 12 months and found they had been responded to in a timely manner

and 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 meeting was held following a complaint of the practice not issuing a repeat prescription to a patient on request. The prescription had been issued shortly before and sent directly to the pharmacy. The reception team were unaware of this because they had not checked the records, therefore informed the patient that they were unable to fulfil the request. A letter of apology was sent to the patient and the practice reviewed the repeat prescription policy in a team meeting, to ensure the correct procedure was being followed.

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 a 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.
- Staff had received most mandatory training, however information governance training was outstanding.
- An understanding of the performance of the practice was maintained. The practice was aware of the low QOF figures and had investigated the reason and implemented a system to improve the performance figures and outcomes for patients. This was ongoing
- Clinical audits took place on an ad-hoc basis. There was no programme of continuous clinical audit implemented by the practice; however the practice took part in prescribing audits. Internal audits were used to monitor quality and to make improvements. For example the audit of QOF results had led to the identification of the coding errors.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the GP demonstrated they had the experience, capacity and capability to run the practice and

ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the principal GP was 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

Are services well-led?

Good 

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

management team. For example, increasing the online appointments capacity to enable additional 2-3 GP appointments to be available online each week and producing posters to promote the online access.

- The practice had gathered feedback from staff through staff meetings and appraisals. Staff told us they would

not hesitate to give feedback and discuss any concerns or issues with colleagues and management Staff told us they felt involved and engaged to improve how the practice was run.