

Acton Lane Surgery

Quality Report

85-87 Acton Lane
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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Acton Lane Surgery on 9 June 2016. Overall the practice is rated as good.

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

- Some risks to patients were assessed and well managed, with the exception of those relating to Legionella infection, gaps in fire safety awareness training and fire evacuation drills. The provider addressed these issues shortly after our inspection.
- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Patients said they were treated with compassion, dignity and respect and the majority of patients felt the nurses involved them in their care and decisions about their treatment.
- The practice proactively sought feedback from staff and patients. However, action taken to improve on some areas of the service that had been rated as below local or national averages by patients were not clearly outlined.

- 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.
- There was a walk-in clinic every morning and urgent appointments were available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management.
- The practice had not documented actions taken in response to patient feedback, and a risk assessment and infection control audit had not been dated to indicate when they were undertaken.
- The provider was aware of and complied with the requirements of the duty of candour.

There are areas where the provider should make improvements:

Summary of findings

- Document clearly actions and processes pertaining to the running of the service are clearly documented, such as for risk assessments and infection control audits conducted, and actions taken in response to feedback from patients about the service.
- Implement effective systems to monitor and improve the quality of the services where improvements are identified as required. Specifically, improve patient engagement and monitoring in relation to areas of high exception reporting.
- Raise non-clinical staff awareness of the relevant consent and decision-making requirements of the Mental Capacity Act.
- Maintain on-going training in order to protect patients from any associated risks to their health and welfare caused by insufficient training.
- Consider displaying the mission statement so it is visible within the practice.

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



- Risks to patients were assessed and well managed with the exception of those relating to Legionella infection, fire safety training and performing fire evacuation drills. The provider addressed these issues shortly after our inspection.
- There were systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- 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.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) for 2014/2015 showed the practice achieved 87% of the QOF points available, which was below the national average of 95%. Exception reporting was high in some health indicators. Low outcomes were mainly related to performance around patients with long-term conditions. The practice was proactive in taking steps to improve outcomes in some areas.
- Clinical audits demonstrated quality improvement.
- There were gaps in staff training for fire safety awareness. The provider addressed this after our inspection.
- Staff assessed needs and delivered care in line with current evidence based guidance. However, we found that non-clinical staff did not demonstrate an awareness of the relevant consent and decision-making requirements of the Mental Capacity Act.
- 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.

Good



Summary of findings

- Data from the national GP patient survey showed the practice was comparable to others for several aspects of care. The practice was proactive in gathering patient feedback; however, steps taken to improve patient satisfaction had not been clearly outlined.
- Patients said they were treated with compassion, dignity and respect.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treat patients with kindness and respect, and they maintained patient and information confidentiality.

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 (CCG) to secure improvements to services where these were identified. For example, the practice used the Whole Systems Integrated Care (WSIC) care pathway set up by the CCG to ensure patients with complex long term conditions and at risk of A&E admissions were kept under regular review. These patients had a social care coordinator, implemented care plans, longer appointments and access to the multi- disciplinary team.
- The practice offered a walk in clinic every morning until 11.00am. There was a token system in place to ensure every patient who attended the walk in clinic was handed a colour coded token for the GP they wanted to see. As a result, patients said they found it easy to make an appointment with a named GP and there was continuity of care.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

- The practice had a number of policies and procedures to govern activity.
- There was an overarching governance framework which supported the delivery of good quality care however, some arrangements to monitor and improve quality (in relation to

Good



Summary of findings

some areas of clinical performance) and identify risk (in relation to Legionella infection, fire drills and fire safety training) were not effective. The provider addressed these issues after the inspection.

- The provider had not displayed their was no mission statement displayed in the practice; however, staff shared a strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about their responsibilities in relation to this strategy.
- The practice held regular governance meetings and there was a clear leadership structure. Staff felt supported by management.
- 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 and they also reviewed comments left on the NHS Choices website. However, action taken to improve on satisfaction scores had not been clearly outlined by the practice.
- The practice's 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 provider is rated as good for the care of older people.

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs including those patients cared for in the residential home.
- Older patients received an annual face-to-face review where their clinical medical records were updated and. Patients were offered influenza immunisations at these reviews.
- Nationally reported data showed that the practice achieved high targets for conditions commonly found in older people. For example, data published in 2014/2015 showed the percentage of patients with atrial fibrillation who were being treated with anticoagulation therapy was 100%, above the national average of 98%.

People with long term conditions

The provider 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.
- Nationally reported data showed the practice's targets for the management of patients with diabetes were mostly comparable to local and national averages. For example, the percentage of patients with diabetes on the register, who had a foot examination in the last 12 months was 95%, compared to the Clinical Commissioning Group average of 90% and national average of 88%. Where the practice had failed to achieve national average targets, steps had been taken to improve outcomes for this patient group.
- The practice was proactive in taking steps to improve outcomes in some areas where clinical performance was below average.
- Longer appointments and home visits were available when needed.

Families, children and young people

The provider 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 those who were at risk, for example, children and young people who had a high number of attendances to Accident & Emergency.
- 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.
- Cervical screening rates were comparable to local and national averages. For example, the percentage of women aged 25-64 who had received a cervical screening test in the last 5 years was 80%, compared to the Clinical Commissioning Group average of 78% and national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies. Young children were given priority at reception.
- We saw positive examples of joint working with midwives.

Working age people (including those recently retired and students)

The provider 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.
- Well adult NHS health checks were offered for people aged between 40-74 years of age who had no medical conditions. All new patients received health checks on the same day they registered with the practice.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.

Good



Summary of findings

- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- The practice offered the silent sounds service for those hard of hearing or requiring interpreters.
- 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 provider is rated as good for the care of people experiencing poor mental health (including people with dementia).

- 98% of patients diagnosed with mental health conditions had their alcohol consumption recorded in the last 12 months, compared to the national average of 90%.
- Patients were screened for dementia as well as for alcohol and drug abuse when they registered with the practice.
- 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 and those with memory problems were referred to the memory clinic.
- 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 & 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. Patients with mental health problems unable to attend the surgery were offered home visits to ensure ease of access to healthcare.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016 and contained data collected from January-March 2015 and July-September 2015. The results showed the practice was performing mostly above local Clinical Commissioning Group (CCG) and national averages. Out of 403 survey forms distributed, 92 were returned. This represented 2% of the practice's patient list.

- 93% of patients found it easy to get through to this practice by phone compared to the CCG average of 68% and national average of 73%.
- 79% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 74% and national average of 78%.
- 86% of patients described the overall experience of this GP practice as good compared to the CCG average of 78% and national average of 85%.
- 81% 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 71% and national average of 79%.

As part of our inspection we also asked for Care Quality Commission comment cards to be completed by patients prior to our inspection. We received 50 comment cards which were mostly positive about the standard of care received. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. They were also satisfied with telephone access and found it easy to get an appointment. Two of the comment cards we received highlighted some issues with confidentiality at the reception desk.

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

The practice's NHS friends and families test results for May 2016 showed 98% of patients were likely or extremely likely to recommend their GP practice to friends or family.

Acton Lane Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead Inspector. The team included a GP specialist adviser and an Expert by Experience.

Background to Acton Lane Surgery

Acton Lane Surgery is located in Harlesden, London and holds an Alternative Provider Medical Services contract. The practice is commissioned by NHS England, London and is under Brent Clinical Commissioning Group. The practice is registered with the Care Quality Commission to provide the regulated activities of diagnostic and screening procedures, maternity and midwifery services, surgical procedures and treatment of disease, disorder or injury.

The practice is staffed by two male GP partners and a female salaried GP who provide a combination of nine sessions a week. The practice also employs a part-time practice manager who works 15 hours a week, three practice nurses who work a combination of 11 hours a week, two healthcare assistants/administrators and two reception staff.

The lead GP is actively involved in the community and is one of the founding members of the Neasden Temple. He was awarded the Member of the Order of the British Empire, given in honour in view of his community service.

The practice is part of the Harness locality which consists of 21 GP practices led by a clinical director, where the GPs work together to improve health services for the patients in their area. Being part of the Harness locality ensures the practice is provided with easy access to members of the

multidisciplinary team including integrated care community services and local outpatient clinics. Being a part of this locality also allows them to refer their patients for evening and weekend appointments at the Harness locality hub which consists of three provider practices.

The practice is open between 8.45am and 6.30pm on Monday, Tuesday, Wednesday and Friday and between 8.45am and 4.00pm on Thursday. The practice provides a walk-in clinic every morning until 11.00am. Extended hours surgeries are offered on Monday, Tuesday and Friday evenings between 6.30pm and 7.15pm. Outside of these hours, their answerphone redirects patients to an out-of-hours provider.

The practice has a list size of 3,907 patients and provides a wide range of services including health promotion, child health screening, chronic disease management, minor surgery, smoking cessation and insulin initiation. The practice also provides care to patients who are housed in a local residential home.

The practice is located in a purpose built building situated over two floors, the ground floor and basement. The ground floor contained the waiting area and treatment rooms and the basement contained the practice office and nurses' room.

The practice is located in an area where the largest population are working people aged between 20-44 years of age and has a large black and minority ethnic population of 71%. The practice is also located in the most deprived area of the borough with large amount of patients with difficult social circumstances and chronic, physical or mental health conditions.

Detailed findings

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. This 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.

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 9 June 2016. During our visit we:

- Spoke with a range of staff including three GPs, the practice manager, two healthcare assistants/administrators and a practice nurse.
- We spoke with four patients who used the service and four members of the practice's Patient Participation Group.
- Observed how patients were being cared for and staff interactions with patients in the reception area.
- We 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.
- 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 from 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, during an evening surgery staff discovered that the basin tap in the patient toilet had been left running, resulting in the toilet becoming flooded and water overflowing into the electrical circuit board, which in turn caused the practice computers, closed circuit television monitors and phone lines to stop working. The practice contacted all the relevant external bodies and an electrician. They also made contact with their phone provider to request that their contact number be diverted to a mobile number and arrangements were made with their out of hours provider to answer all incoming practice calls. There was a slight delay in patient care and the practice had to contact all patients due to attend the surgery for appointments; however, consultations were not significantly affected as the doctors' computers and phone lines were not affected. This issue was resolved by the electrician the following morning and all relevant bodies were informed of the outcome. A reminder notice was placed in the patient toilet regarding closing the tap after use and patients were requested to accompany small children when using the toilets.

Overview of safety systems and processes

The practice's systems, processes and practices to keep patients safe and safeguarded from abuse were not effective.

- Arrangements which reflected relevant legislation and local requirements were in place. Policies were accessible to all staff which 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. All the staff demonstrated they understood their responsibilities and all had received safeguarding training appropriate to their role. During the inspection the provider was not able to demonstrate that three GPs had completed training in safeguarding children; however, after the inspection they sent us evidence to show that this training had been completed by the GPs in 2014 and 2016 prior to the inspection. The GPs and practice nurses had been trained to safeguarding children level three.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The lead GP and practice nurse were the infection control clinical leads 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. The practice had completed a new infection control audit in 2015 using the same template from the 2013 audit, but they had not changed the date.
- The arrangements for managing medicines, including 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

Are services safe?

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.

- Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment).
- We reviewed eight personnel files and found appropriate recruitment checks had been undertaken. For example, DBS checks, proof of identification, qualifications, and registration with the appropriate professional body.

Monitoring risks to patients

The practice had arrangements in place to monitor risks to patients.

- There were some procedures in place for monitoring and managing risks to patient and staff safety. For example, after the inspection the practice sent us evidence to demonstrate that it had completed a health and safety risk assessment prior to the inspection date. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives.
- The practice had a fire safety policy and had a risk assessment in place but this was not dated; the provider ensured that it was dated after the inspection. There was no evidence to show that the practice carried out regular fire drills prior to inspection or information about what to do in the event of a fire displayed in the reception area. Staff did not receive fire safety training as part of their induction. These issues were addressed by the practice after the inspection.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. Fire safety equipment was checked shortly after the inspection.

- Other risk assessments to monitor safety of the premises such as the control of substances hazardous to health had been undertaken. The practice had booked but not conducted a Legionella risk assessment; they ensured that it was conducted after the inspection (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 staffing policy in place and a rota system for all the different staffing groups to ensure enough staff were on duty. The practice did not use locum GPs as there was sufficient capacity for the GPs to cover each other. There was flexibility with the nursing staff who provided extra hours if required.

Arrangements to deal with emergencies and major incidents

The practice had 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, but some staff were not aware of it. 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 for 2014/2015 QOF were 87% of the total number of points available.

Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects.

- Exception reporting for cancer was 20%, compared to the clinical commissioning group (CCG) average of 12% and national average of 15%. The practice had identified this as an area of improvement and had an action plan in place. They recalled all cervical screening non-attenders and had begun to Read Code all bowel and breast screening non-attenders (Read Codes are clinical terms that provide the standard vocabulary by which clinicians can record findings and procedures in patient records). They were also involved in a local enhanced service to improve breast screening uptake which prompted clinicians to discuss screening at subsequent consultations.
- Exception reporting for cardiovascular disease was 100%, compared to the CCG average of 28% and

national average of 30%. The practice was aware of this data and told us that action was taken to send three invitation letters to these patients to invite them for review.

QOF Data from 2014/2015 showed:

- Performance for diabetes related indicators was similar to the CCG and national average. For example, the percentage of patients with diabetes on the register, whose last blood pressure reading was normal was 83%, compared to the CCG average of 79% and national average of 78%.
- The percentage of patients with diabetes on the register, whose average blood sugar levels was normal was 70%, compared to the CCG average of 74% and national average of 78%.
- Performance for mental health related indicators was similar to CCG and national average. For example, 85% of patients with mental health conditions had an agreed care plan documented in their notes compared to the CCG average of 89% and national average of 88%.
- The percentage of patients with dementia whose care had been reviewed face to face in the last 12 months was 89%, compared to the CCG average of 86% and the national average of 84%.

The practice had taken steps to improve their performance for the average blood sugar levels for patients with diabetes by undertaking an audit to review and improve these levels. All patients with higher than normal average blood sugar levels were reviewed regularly by the doctors. They undertook medicines reviews and insulin dosages were also reviewed and revised regularly. The GPs attended courses in insulin initiation which was implemented in the practice. Additionally, patients were referred to an external programme to educate them on managing their diabetes. For those patients whose average blood sugar levels were not controlled, they were referred to the diabetic specialist nurses who worked in conjunction with the consultants in the community. The diabetes audit carried out by the practice showed that of the 264 patients diagnosed with diabetes in the practice, 62% of these patients had well controlled diabetes between January and December 2015. As a result of the improvements to diabetes care made by the practice, the re-audit showed that between January and May 2016, this figure improved to 81% of these patients having well controlled diabetes.

Are services effective?

(for example, treatment is effective)

- The prescribing indicators for hypnotics prescribed was 0.33%, higher than the CCG average of 0.14% and national average of 0.26% and this was highlighted for further enquiry. The practice attributed this to their high population of deprived and patients with complex conditions. Data for 2015 showed the practice deprivation score was 39%, compared to the CCG score of 27% and national average score of 22%. However, there was no evidence that the practice was proactive in improving outcomes for these patients.
- The ratio of reported versus expected prevalence of coronary heart disease was 0.45%, which was lower than the CCG average of 0.61% and national average of 0.71%. The ratio of reported versus expected prevalence for chronic obstructive pulmonary disease was 0.18%, which was lower than the CCG average of 0.25% and national average of 0.63%. Both these indicators were highlighted for further enquiry. The practice were aware of this data and attributed these figures to their low elderly population of 8% for over 65's, compared to their high younger population of 92% for under 65's. They had taken steps to improve monitoring by introducing spirometry testing in the last two years in addition to recalling patients for reviews and ECG monitoring in the afternoons.

There was evidence of quality improvement including clinical audit.

- There had been four clinical audits completed in the last two years, two of these were completed audits where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, the practice undertook a chronic kidney disease audit to review all patients with this condition and to check that their current classification of the different stages of the disease was correct. Two searches were conducted within a 10 month period and showed a total of 104 patients were diagnosed with the condition and classified in stages three, four and five of the disease. During this period, these patients were called in for blood tests to determine their kidney function and to reclassify them if there was a change in their condition. Results after 10 months showed 28 patients had improved kidney function and were therefore reclassified in stages two and three of the disease. Twenty two patients had not attended for

blood tests despite reminders. Improvements were made to ensure patients with stage three, four and five of the disease were monitored every 6 months and reclassified accordingly. Patients who did not attend their review would be followed up with reminders to attend their blood tests.

- The practice participated in local audits, national benchmarking and accreditation.

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, confidentiality as well as health and safety but did not cover fire safety training.
- 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. Two of the non-clinical staff had been trained to become health care assistants within the practice.
- 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 on-going 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 with the exception of a nurse. After the inspection the practice manager informed us the nurse had been on leave, and their appraisal was completed when they returned.

Are services effective?

(for example, treatment is effective)

- Staff received training that included basic life support, safeguarding and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- 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 on-going 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

Clinical staff sought patients' consent to care and treatment in line with legislation and guidance.

- Not all non-clinical staff were able to demonstrate that they understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. For example, reception staff told us that if a teenage patient was to attend the practice without an adult, they would advise them to return with an adult.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurses 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 and sexual health. Patients were signposted to the relevant service.
- There was a dietician available at the practice who held monthly clinics. Smoking cessation clinics were also held at the practice.

The practice's uptake for the cervical screening programme was 80%, which was comparable to the clinical commissioning group (CCG) average of 78% and the national average of 82%.

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

Childhood immunisation rates for the vaccinations given were above the CCG average. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 40% to 89% (CCG average ranged from 44% to 68%). Childhood immunisation rates for the vaccinations given to five year olds ranged from 64% to 83% (CCG average ranged from 56% to 82%).

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 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.

Forty eight of the 50 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. Two of the comment cards we received highlighted some issues with confidentiality at the reception desk. On the day of inspection, we noted conversations could not be heard at the reception desk.

We spoke with four members of the practice's patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said they felt valued and 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 published in January 2016 and which contained data collected from January-March 2015 and July-September 2015 showed patients felt they were treated with compassion, dignity and respect. The practice satisfaction scores on consultations with GPs and nurses were mostly comparable to CCG and national averages. For example:

- 85% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 84% and the national average of 89%.
- 88% of patients said the GP gave them enough time compared to the CCG average of 80% and the national average of 87%.

- 88% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and the national average of 95%.
- 80% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 80% and national average of 85%.
- 90% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 83% and national average of 91%.
- 95% of patients said they found the receptionists at the practice helpful compared to the CCG average of 83% and the national average of 87%.

Patient satisfaction scores regarding confidence and trust in the GP were below the national average; the practice was aware of this data although action taken to improve on these scores was not clearly outlined. They told us that they had recruited a female GP into the practice to improve patient experience.

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:

- 80% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 82% and the national average of 86%.
- 77% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 77% and national average of 82%.
- 85% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 78% and national average of 85%.

Are services caring?

Patient satisfaction scores regarding GPs explaining tests and treatments were below the national average the practice were aware of this data although steps taken to improve on these scores were not clearly outlined.

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

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 60 patients as carers (2% of the practice list). The practice was aware of the low number of carers registered with the practice and they told us that they were actively trying to identify carers. Carers were offered influenza immunisations and the practice assisted them with respite care arrangements. Written information was available to direct carers to the various avenues of support available to them such as the carers' service.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card and they were given advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and clinical commissioning group (CCG) to secure improvements to services where these were identified. For example, they participated in the whole systems integrated care programme (WSIC) that identified patients at risk of hospitalisation. This was a target-based system implemented by the CCG to ensure elderly patients or those with chronic medical conditions at risk of hospital admission were invited for a personalized care plan and followed up within three months. These patients were also monitored by a social care co-ordinator and the Short-Term Assessment, Rehabilitation and Reablement Service (STARRS) intermediate care services to ensure they received care at home as much as possible.

- The practice offered a 'Commuter's Clinic' on a Monday, Tuesday and Friday evening until 7.15pm for working patients who could not attend during normal opening hours.
- A walk in clinic was available every morning until 11.00am although the practice told us that this usually carried on until 12.15pm for the majority of time as the practice wanted to ensure every patient using the walk in service was seen. They used a token system which was a colour coded token for the GP they wanted to see. Another GP covered all routine appointments during this time.
- Prescriptions were available on the same day and new patient healthchecks were carried out on the same day as registration to avoid patients taking time off from work.
- There were longer appointments available for patients with a learning disability. Patients were also able to request longer appointments if longer consultations were required.
- Older patients had a named GP and were offered influenza immunisations during their annual reviews.
- The practice worked closely with the STARRS intermediate care services to ensure elderly or

housebound patients were treated at home without the need for hospital admissions. Any social problems experienced by the patient were supported by the intermediate care coordinator.

- Same day home visits were available for older patients and patients who had clinical and mental health needs which resulted in difficulty attending the practice. This included those cared for in the residential home. Telephone prescription requests were offered to these patients.
- Twice daily telephone consultations were available and priority access was given to patients with emergencies, elderly and disabled patients. They also rang vulnerable patients or their carers to check on how they were if there were any concerns.
- Patients were able to receive travel vaccinations available on the NHS and were referred to other clinics for vaccines available privately. At-risk groups were offered influenza, shingles and pneumococcal immunisations.
- They also offered meningitis vaccinations, sexual health screening and contraceptive services.
- Children and babies were offered immunisation appointments with the nurse at their parents' convenience. Any missed immunisations were recalled by the reception staff.
- The practice offered a prayer room for those with religious needs.
- There was no hearing loop in the practice but they used the silent sounds service. There were disabled facilities and translation services available, including a translation application on the practice website.
- There was disabled access from the back entrance for those unable to use the stairs leading to the basement and nurses' room. The practice also made special arrangements for patients to be cared for upstairs if unable to access the basement.

Access to the service

The practice was open between 8.45am and 6.30pm on Monday, Tuesday, Wednesday and Friday and between 8.45am and 4.00pm on Thursday. They provided a walk-in clinic every morning until 11.00am using a colour token

Are services responsive to people's needs?

(for example, to feedback?)

system for the different GPs. Extended hours surgeries were offered on Monday, Tuesday and Friday evenings between 6.30pm and 7.15pm. Telephone consultations were held between 12.30pm and 1.00pm and 4.00pm and 4.30pm daily. In addition to pre-bookable appointments that could be booked up to two weeks in advance for the GPs and four weeks in advance for the nurses, they also referred patients to one of three GP access hub provider practices, where they had seven day appointment access which included evening and weekend consultations.

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

- 80% of patients were satisfied with the practice's opening hours. This was comparable to the national average of 78%.
- 93% of patients said they could get through easily to the practice by phone. This was above the national average of 73%.

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

The practice had a system in place to assess:

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

When the practice received a home visit request, the GP would telephone the patient or carer in advance to gather information to allow for an informed decision to be made on prioritisation according to clinical need. 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.

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 for example, posters displayed and a complaints box.

We looked at two complaints received in the last 12 months and found these were satisfactorily handled and there was openness and transparency with dealing with the complaint. 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 patient had raised a complaint regarding a recent blood test. We saw that the practice made contact with the patient and offered a meeting to discuss their concerns. An apology was given to the patient and lessons were learnt to ensure that extra support was sought if clinicians found this task difficult.

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.

- There was no mission statement displayed in the practice; however, staff shared a strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about their responsibilities in relation to the practice's vision and values.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. However, there were weaknesses in governance systems such as ineffective monitoring of procedures.

- Although the practice had an understanding of their performance and had taken action to improve their performance in some disease indicators of the Quality and Outcomes Framework (QOF), there was insufficient evidence of monitoring and action to improve patient engagement in some areas of high exception reporting for example, cardiovascular disease where exception reporting was 100%.
- The systems and processes in place for managing and monitoring risks were effective, with the exception of fire drills, fire safety training and assessing the risk of Legionella infection. The provider took action to address these issues after the inspection.
- Practice specific policies were implemented and were available to all staff.
- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. Two of the reception staff had received training to qualify as health care assistants.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.

Leadership and culture

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

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

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

- Staff told us the practice held monthly team meetings where significant events and training needs were discussed.
- 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. However;

Are services well-led?

Good 

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

- There were areas of low patient satisfaction where steps taken to improve had not been clearly outlined. For example, where satisfaction scores relating to GPs explaining tests and treatments were low, it was unclear what action the GPs had taken to improve.
- The practice had gathered feedback from patients through their patient participation group (PPG) and through surveys and complaints received however, the PPG information on the practice website required updating. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the practice changed the waiting area chairs after a request from the PPG members.
- The practice had gathered feedback from staff through appraisals, staff meetings and discussions. Staff told us

they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management for example, they suggested the practice change the walk-in appointment tokens from wooden number tokens to laminated ones as they were easier to wipe clean and this was implemented by the practice management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The senior GP was due to retire at the end of June 2016 and therefore the practice had recruited a new GP. The practice had also highlighted areas for improvement which included establishing ways to improve communication with patients.