

Philip Lane Surgery - Siva

Quality Report

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

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at the Philip Lane Surgery on 29 February 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 generally well managed. However nurses had not signed the Patient Group Directions (PGD's).
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment. However training records were not kept for the locum nurses.
- The practice had not obtained employment references and this was not detailed as a requirement within its recruitment policy.

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- 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:

- Ensure employee references are obtained and the collection of references is added to the recruitment policy.

Summary of findings

- Ensure that copies of locum nurse qualifications and training details are kept on file.
- Ensure that appropriately signed PGD's are on file for practice nurses.
- Implement a schedule for the cleaning of clinical equipment.

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 there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The locum nurses and GP had not signed the patient group directions (PGD's) as legally required.
- The practice had defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. However the practice had not gained employment references for staff and needed to include this in their recruitment policy and procedures.
- Risks to patients were assessed and managed. However the practice were in need of a policy for the cleaning of clinical equipment.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the National GP Patient Survey showed patients rated the practice higher than others for several aspects of care.

Summary of findings

- 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.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

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

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about 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.

Good



Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.

Good



People with long term conditions

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

- GP and nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was better than the national average. For example the percentage of patients on the diabetes register who had had a blood pressure reading within the last 12 months was 85% compared to the national average of 77%. The percentage of patients on the diabetes register that had received the flu immunisation was 98% compared to the national average of 94%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- 84%

Good



Summary of findings

- 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 83%, which was comparable to the national average of 81%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- The practice provided invitations for teenagers that had not been fully immunised with the MMR vaccination while children to receive the vaccination at special clinics.

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- 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.

Good



Summary of findings

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).

- < >
95% of patients with a known mental health disorder had received a documented care plan, compared to the national average of 88%. One hundred percent of patients with a diagnosis of dementia had received a face to face review, compared to the national average of 84%.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published in January 2016. The results showed the practice was performing above local and national averages. Three hundred and fifty five survey forms were distributed and 104 were returned. This represented 3% of the practice's patient list.

- 97% found it easy to get through to this surgery by phone compared to a CCG average of 70% and a national average of 73%.
- 86% were able to get an appointment to see or speak to someone the last time they tried (CCG average 80%, national average 85%).
- 95% described the overall experience of their GP surgery as fairly good or very good (CCG average 77%, national average 85%).

- 92% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 71%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 31 comment cards which were all positive about the standard of care received. Positive comments included the practice providing a good service with friendly and efficient staff. Patients commented that they always felt respected by the staff at the practice.

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

In the February 2016 NHS Friends And Family test, 35 of the 36 feedback cards stated that they would recommend the practice.

Areas for improvement

Action the service **SHOULD** take to improve

- Ensure employee references are obtained and the collection of references is added to the recruitment policy.
- Ensure that copies of locum nurse qualifications and training details are kept on file.
- Ensure that appropriately signed PGD's are on file for practice nurses.
- Implement a schedule for the cleaning of clinical equipment.

Philip Lane Surgery - Siva

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, a practice nurse specialist adviser and a practice manager specialist adviser.

Background to Philip Lane Surgery - Siva

The Philip Lane Surgery is located in the London Borough of Haringey. The practice is part of the NHS Haringey Clinical Commissioning Group (CCG). The practice currently holds a Personal Medical Service (PMS) contract (a contract between NHS England and general practices for delivering personal medical services. This contract allows the flexibility to offer local services within the contract) to 2730 patients.

The Philip Lane Surgery serves a diverse population and for many patients, English is not their first language. The practice has a mixed patient population age demographic with 37% under the age of 18 and 15% over the age of 65. The Philip Lane Surgery is situated within a converted house with clinical rooms on the ground floor and administration offices on the upper floor. All consulting rooms are easily accessible through wide corridors. There are currently two full time GP partners (both male) the GP Principal undertakes eight sessions per week and the remaining partner undertakes seven sessions per week, one long term locum GP (female) who carries out two sessions per week. The practice does not have a permanent practice nurse but relies on two long term

locum nurses (both female) who carry out six hours and seven hours respectively on separate days. The staffing team also included a practice manager, administration and reception staff.

The practice is open between 8am and 6.30pm on a Monday and 7.30am and 6.30pm Tuesday to Friday. Appointments are from 7.30am (8am on a Monday) to 11am (11.30am on a Monday) every morning and 3pm (1pm on a Monday) to 6pm daily. The practice runs an extended hour's surgery between 7.30am and 8am on a Tuesday to Friday. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments are also available for people that needed them.

The practice opted out of out of hours care and directs patients to a local out of hour's provider.

The service is registered with the Care Quality Commission to provide the regulated activities of diagnostic and screening procedures and the treatment of disease, disorder or injury.

The practice provides a range of services including child health and immunisation, minor illness clinic, smoking cessation clinics and clinics for patients with long term conditions. The practice also provides health advice and blood pressure monitoring.

Why we carried out this inspection

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

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was

Detailed findings

planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The practice was previously inspected in January 2014 under our old inspection methodology and was found compliant with all the regulations examined during the inspection.

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 29 February 2016. During our visit we:

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

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would write any incidents in the incident book located in the reception area and inform the practice manager. There was a formal recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, a patient with breast cancer was prescribed morphine as pain relief. The patient was prescribed the wrong dose. When the patient requested additional medication, it was recognised that the patient was on the incorrect dosage. The dosage was changed and the event discussed within a weekly clinical meeting and the policy was changed to ensure that only the patient's registered GP was to prescribe medicines and the GP was to authorise any request for repeat medicines to ensure all was correct.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again. For example, the patient prescribed the wrong dosage of morphine was contacted by the GP to apologise and this was followed up with a letter of apology and explained the steps taken to resolve the matter and minimise chance of reoccurrence.

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 that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of

staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were child protection trained and trained to Safeguarding level 3.

- 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 check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. In the absence of a permanent nurse, the GP principal 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 the GP 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. There was no schedule for the cleaning of equipment such as spirometer, nebulizer and ear irrigator. We found for example that the nurse working on the day was washing ear irrigation equipment with soap and water. We were informed that the other nurse used cleaning tablets for the equipment. The practice did not have a standard equipment cleaning protocol in place.
- We looked at arrangements for managing medicines, including emergency drugs and vaccinations; and systems for prescribing, recording, handling, storing and security. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. The practice had a policy to ensure all locum nurses read and sign the Patient Group Directions before starting to treat patients. However we found that not all of the individual PGD's had been signed by the locum nurse and the GP. A front cover had been designed for the PGD folder and the locum nurse had signed this to state that they had been read instead

Are services safe?

of having signed individual PGD's. However only one of the two locum nurses had signed the form and there was no GP signature. When we discussed this with the practice they said would rectify this to ensure that they were fulfilling all legal requirements.

- We reviewed three personnel files and found most recruitment checks had been undertaken prior to employment. For example, proof of identification, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. References were not held for long term members of staff and the recruitment policy was in need of reviewing to include the obtaining of references for new members of staff employed. The practice did not hold information on the locum nurses that were supplied through an agency. The agency would send a summary sheet containing relevant pre-employment information, including relevant training to the practice prior to the locum commences but no copies of information was kept. The practice stated that they would request these from the agency and keep them on file.
- 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.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. Electrical equipment had been checked in February 2016 to

ensure the equipment was safe to use, clinical equipment was also checked at that time 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 that 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 fit for use.
- 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 peoples' needs. Staff met together to discuss new guidelines to ensure all were practicing in line with the latest guidelines that were issued.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 99% of the total number of points available, with 8.6% exception reporting. (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). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/2015 showed;

- Performance for diabetes related indicators was better than the national average. For example the percentage of patients on the diabetes register who had a blood pressure reading was 85% compared to the national average of 77%. The percentage of patients on the diabetes register that had received the flu immunisation was 98% compared to the national average of 94%.
- The percentage of patients with hypertension having regular blood pressure tests was better than the national average with the practice recording 87% compared to the national average of 83%.
- Performance for mental health related indicators was better than the CCG and national average. For example 95% of patients with a known mental health disorder had received a documented care plan, compared to the

national average of 88%. One hundred percent of patients with a diagnosis of dementia had received a face to face review, compared to the national average of 84%.

Clinical audits demonstrated quality improvement.

- There had been five clinical audits conducted in the last two years, two of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, the practice undertook an audit in 2014 into the number of patients that attended accident and emergency (A&E) in and out of surgery hours. The audit showed that a total of 537 patients attended A&E of which 187 (34%) attended during surgery hours and 277 (51%) attended out of hours. It was unknown when the remaining 15% attended A&E. The practice discussed ways of reducing A&E attendance and developed an action plan which included notices in the surgery publicising A&E attendance rates, discussed A&E attendance during consultations and staff education. The audit was repeated in 2015 and found that 625 patients attended A&E, 225 (36%) in surgery hours, 333 (53%) out of hours. The practice found that the number of patients being seen had gone up which increased the level of A&E attendance. Additional preventative methods were therefore put in place such as increased time slots for same day appointments and telephone consultations. The practice planned to repeat the audit in 2016 and assess further.

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. It 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. The practice was provided with relevant training information for locum nurses who were

Are services effective?

(for example, treatment is effective)

administering vaccinations and taking samples for the cervical screening programme. Staff who administered vaccinations 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 during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All permanent staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care services 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. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or 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.

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.
- Smoking cessation advice was available from a clinic based at a local hospital. This was through GP referral. The practice were currently supporting 441 (79%) of the 562 patients registered as smokers.

The practice's uptake for the cervical screening programme was 83%, which was comparable to the national average of 81%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and ensuring that a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 92% to 100% (CCG average range of 85% to 94%) and five year olds from 93% to 97% (CCG average range of 84% to 91%).

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

Are services effective?

(for example, treatment is effective)

NHS health checks for people 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 31 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 four members of the patient participation group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. 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:

- 89% said the GP was good at listening to them compared to the CCG average of 82% and national average of 86%.
- 91% said the GP gave them enough time (CCG average 79%, national average 86%).
- 98% said they had confidence and trust in the last GP they saw (CCG average 91%, national average 95%).
- 90% said the last GP they spoke to was good at treating them with care and concern (CCG average 79%, national average 85%).

- 81% said the last nurse they spoke to was good at treating them with care and concern (CCG average 82%, national average 91%).
- 96% said they found the receptionists at the practice helpful (CCG average 82%, national average 86%).

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 on the comment cards we received was also positive and aligned with these views.

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

- 90% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 80% and national average of 86%.
- 83% said the last GP they saw was good at involving them in decisions about their care (CCG average 76%, national average 82%).
- 79% said the last nurse they saw was good at involving them in decisions about their care (CCG average 77%, national average 85%).

Staff told us that interpreting services were available for patients who did not speak English as a first language. We saw notices in the reception areas informing patients this service was available.

Patient and carer support to cope emotionally with care and treatment

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

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

Are services caring?

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 offered a 'Commuter's Clinic' on a Tuesday to Friday mornings from 7.30am to 8am for working patients who could not attend during normal opening hours.
- The practice provided online access for making appointments and requesting repeat prescriptions.
- The practice worked with local community services for the provision of care for older patients.
- The practice worked as part of a CCG led GP hub to provide an extended telephone consultation service.
- The practice worked with health visitors to provide a weekly clinic and to discuss any concerns.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- The building offered disabled toilets and was wheelchair accessible.
- Interpreting services were available.

Access to the service

The practice was open between 8am and 6.30pm on a Monday and 7.30am and 6.30pm Tuesday to Friday. Appointments were from 7.30am (8am on a Monday) to 11am (11.30am on a Monday) every morning and 3pm (1pm on a Monday) to 6pm daily. The practice ran an extended hour's surgery between 7.30am and 8am on a Tuesday to Friday. In addition to pre-bookable appointments that could be booked up to six 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 above local and national averages.

- 89% of patients were satisfied with the practice's opening hours compared to the CCG average of 70% and national average of 75%.
- 97% patients said they could get through easily to the surgery by phone (CCG average 70%, national average 73%).
- 79% patients said they always or almost always see or speak to the GP they prefer (CCG average 51%, national average 59%).

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

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 which included a poster in the reception area explaining the process.

We looked at two complaints received in the last 12 months and found they were handled appropriately and in line with the practice policy. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, following a complaint regarding the music played in the surgery, the practice explained that the reason for the music being played was to enhance patient confidentiality at the reception desk. Records showed that staff had discussed this matter in a subsequent practice meeting and looked at musical style that helped maintain confidentiality in the reception area while not offending patients.

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 was committed to working together as a team in order to provide the best possible service to patients.

- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities
- Practice specific policies were implemented and were available to all staff.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions with the exception of risks relating to PGD and pre-employment checks.
- The practice kept personnel records for all permanent members of the staff team, however the practice relied on the nursing agency to hold personnel details of the locum nurses employed and did not keep copies of records for their own reference.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements

Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.

When there were unexpected or unintended safety incidents:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology
- They 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 in doing so and felt supported if they did.
- 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. There was an active PPG which met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. The practice developed key performance indicators that were agreed by the PPG. These included areas such as the development of invitations for teenagers that had not been fully immunised with the MMR vaccination and the development of extended appointments for patients who needed an interpreter during their consultation.

Are services well-led?

Good 

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

- 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.