

Amphill Practice

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

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	3
The six population groups and what we found	5
What people who use the service say	8
Areas for improvement	8

Detailed findings from this inspection

Our inspection team	9
Background to Ampthill Practice	9
Why we carried out this inspection	9
How we carried out this inspection	9
Detailed findings	11

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Ampthill Practice on 14 January 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- 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 practice had been involved with Clinical Commissioning Group pilot schemes that had been rolled out within the wider CCG area including the care co-ordinator and rapid response GP initiative.

The areas where the provider should make improvement are:

- Ensure that copies of the legionella testing certificate are held at the practice.
- Ensure that chaperone and interpreting services are advertised 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.

- 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 and a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed. However not all documentation, including results of legionella testing and cleaning schedules were kept on the premises.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were similar to the locality and 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.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey showed patients rated the practice either above or similar to others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

Good



Summary of findings

- 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.

Good



- Practice staff reviewed the needs of its local population and engaged with the Clinical Commissioning Group to secure improvements to services where these were identified. This included the provision of a rapid response GP to reduce avoidable attendance at accident and emergency.
- 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.

Are services well-led?

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

Good



- 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 proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

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

- 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 including a rapid response GP service and urgent appointments for those with enhanced needs.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was similar to the CCG and national average. The practice achieved 87.2% compared to the CCG average of 89.3% and the national average of 89%.
- Longer appointments and home visits were available when needed.
- The practice offered a diabetes clinic for patients who had problems controlling the condition.
- 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.
- The percentage of 76.5
- 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.

Good



Summary of findings

- The practice uptake for cervical screening was 74.6% compared to the national average of 81%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

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 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.
- A joint weekly methadone clinic was held by the practice and CCG clinical lead.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Good



People experiencing poor mental health (including people with dementia)

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

Good



Summary of findings

- 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.
- Staff had a good understanding of how to support patients with mental health needs and dementia. This included the provision of an in house counsellor and care co-ordinator.

Summary of findings

What people who use the service say

The most recent national GP patient survey results published on this practice is dated July 2015. The results showed the practice was performing in line with local and national averages. Three hundred and seven survey forms were distributed and 127 were returned. This represented 42% of the practice's patient list (14581).

- 59% found it easy to get through to this surgery by phone compared to a CCG average of 75% and the national average of 73%.
- 82% were able to get an appointment to see or speak to someone the last time they tried, compared to a CCG average of 82%, and the national average of 85%.
- 66% described the overall experience of their GP surgery as fairly good or very good, compared to the CCG average of 78%, and the national average of 84%.

- 59% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area, compared to the CCG average 74%, and the national average of 77%.

As part of our inspection we also asked for CQC Comment Cards to be completed by patients prior to our inspection. We received thirty five comment cards which were generally positive about the standard of care received. A number of the cards received commented on the how good both the clinical and non-clinical members of staff were. The number of positive comment cards completed by patients highlighted a variation in responses compared to the data collected for the National GP Patient Survey

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

Areas for improvement

Action the service **SHOULD** take to improve

- Ensure that copies of the legionella testing certificate are held at the practice.
- Ensure that chaperone and interpreting services are advertised within the practice.

Amphill Practice

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 second CQC inspector, a practice nurse specialist adviser, a practice manager specialist adviser and an Expert by Experience. All specialist advisors were given the same authority to enter the practice as the CQC inspectors.

Background to Amphill Practice

The Amphill Practice is located in the London Borough of Camden. The practice is part of the NHS Camden Clinical Commissioning Group (CCG) which is made up of 40 practices. It currently holds a General Medical Service (GMS) contract (a contract between NHS England and general practices for delivering general medical services and is the commonest form of GP contract) to 9000 patients. The practice has a second surgery, Regents Park Surgery which is managed by the same partner group and run by the same staff. Both practices also share the same policy and procedures with significant event analysis and clinical audits shared across both. The Regents Park Practice was inspected separately.

The Amphill practice serves a diverse population with many patients attending where English is not their first language. The practice has a mixed patient population age demographic with 33% under the age of 18 and 15.3% over the age of 65. The Amphill Practice is situated in a two storey health centre in which it occupies the ground floor. All consulting rooms are easily accessible through wide corridors. Staff are based at either the Amphill Practice or

Regents Park Practice but could work at either site as the need arises. The identified staff list is for both sites. There are currently four full time GP partners (three male and one female) who each undertake seven sessions per week, six salaried GPs (five female and one male) who carry out eight sessions per week and two GP registrars (one male and one female) who carries out seven sessions per week. Practice staff also included three nurses (one male and two female), a practice manager (who is also a partner), Operations manager, care co-ordinator, administration and reception staff.

The practice is open between 8.30am and 6pm each week day except Wednesday when the practice is open from 8.30am to 1pm. Appointments are from 9.00am to 12.30pm every morning and start between 1.40pm and 2pm to 6pm each afternoon except Wednesday. Extended surgery hours are offered on a Saturday morning between 9am and 12pm where patients from both practices can be seen by a GP or nurse. In addition to pre-bookable appointments that can be booked up to six weeks in advance, urgent appointments are also available for people that need them. The practice opted out of out of hours care and directs patients to a local out of hours provider.

The practice is a teaching practice.

The service is registered with the Care Quality Commission to provide the regulated activities of diagnostic and screening procedures, family planning, maternity and midwifery services, surgical 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. Services and clinics are shared across both the Amphill Practice and Regents Park Practice and open to all patients on both practice lists.

Detailed findings

Why we carried out this inspection

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

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The practice was previously inspected in January 2014 and was found to be compliant.

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 14 January 2016.

During our visit we:

- Spoke with a range of staff (GP, nursing and administrative) and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.

- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform either the practice manager or the operations manager of any incidents and there was a 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, an incident occurred where a patient collapsed in the waiting room and staff were unable to find an oxygen mask with the oxygen cylinder. Staff were provided with refresher training and all staff were reminded of where the emergency equipment was kept. The matter was discussed within the practice meetings and within the yearly significant events review.

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 who was also qualified to provide the basic level 1 safeguarding training to other members of staff. 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 to Safeguarding level 3.
- A notice in the waiting room advised patients that chaperones were available if required. Three staff acted as chaperones and were trained for the role. They 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). Non-clinical members of staff who did not act as chaperones did not have a DBS check but the practice had carried out an assessment of risk to determine the need for a DBS check.

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. Cleaning was undertaken by an external NHS company and cleaning schedules were held off site. The practice nurse carried out regular checks as part of her infection control duties which were logged. The practice held a communications book with the company to log any issues to be acted upon.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccinations after specific training when a doctor or nurse were on the premises. However no healthcare assistants were currently employed by the practice.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Are services safe?

- There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice nurse 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. All staff were trained fire wardens. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The latest check was carried out in May 2015. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). However these were held by the buildings maintenance company.
- 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. If there was a staff shortage, staff would be reassigned from the practice's second location to ensure enough cover was provided.

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. This was maintained yearly and the masks were in date. 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.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 94.6% of the total number of points available, with 7.4% 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 similar to the CCG and national average. The practice achieved 87.2% compared to the CCG average of 89.3% and the national average of 89%.
- The percentage of patients with hypertension having regular blood pressure tests was similar to the CCG and national average. The practice achieved 77.9% compared to the CCG average of 81.7% and the national average of 83.5%.
- Performance for mental health related indicators was lower than the CCG and national average. The practice achieved 80.8% compared to the CCG average of 89.9% and the national average of 92.8%.

The practice explained that the low results were due to the transient population and areas such as low cervical screening results was due to the cultural makeup of the area.

Clinical audits demonstrated quality improvement.

- There had been 14 clinical audits completed in the last two years, four of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, an audit into patients on the end of life care register was undertaken in March 2015 and found of the 17 recorded deaths, five were on the palliative care register, of which three died in their preferred place. The practice reviewed its procedures and use of computer coding to ensure patients were more easily identified. The audit was repeated in November 2015. Of the 12 deaths recorded, four were on the palliative care register and three of those patients died in their preferred place. The practice were continuing to monitor this to ensure all patients in end of life care are accounted for through three monthly multi-disciplinary palliative care meetings.

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

Are services effective?

(for example, treatment is effective)

- 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 through one-to-one meetings, appraisals, clinical supervision and facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures and basic life support. Staff were currently undertaking information governance awareness training. 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 practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

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

- 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. For example the practice were currently supporting 95% of the 1065 identified smokers through the three in house smoking cessation advisers and referral to external groups if required. Patients were then signposted to the relevant service.

The practice's uptake for the cervical screening programme was 74.6%, which was comparable to the national average of 81%. The practice was aware of the below average results and was actively attempting to improve the data; however this was made difficult through the transient nature of the population and the mix of cultural backgrounds. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

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 74% to 96% (CCG average range of 20% to 93%) and five year olds from 78% to 91% (CCG average range of 79% to 93%).

Flu vaccination rates for the over 65s were 70%, and at risk groups 59%. These were also comparable to the national averages of 73% and 51% respectively.

Are services effective?

(for example, treatment is effective)

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

NHS health checks for people aged 40–74. Appropriate follow-ups 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 all members of staff being courteous and very helpful to patients in attendance at the Practice and to those who called the Practice on the telephone. All staff treated patients with dignity and respect regardless of their location.

During the inspection the following observations were also made:-

- 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.
- Patients had the facility of a private room should they not want to discuss sensitive issues at the reception desk.

All of the thirty five Care Quality Commission Patient Comment Cards we received were generally positive about the service experienced. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect.

We spoke with one member of the Patient Participation Group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. The PPG member stated that Practice management were active when it came to actioning suggestions proposed by the PPG. An example of this has been the introduction of pre-bookable non-urgent appointments following this issue being brought to the attention of the PPG. Suggestions put forward by the PPG were always acknowledged and a response from the Practice regarding implementation of suggestions be it positive or negative, was sent to all members.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice's scores on patient satisfaction with GP consultations were comparable to CCG and national averages. For example:

- 86% said the GP was good at listening to them compared to the CCG average of 85% and national average of 88%.
- 75% said the GP gave them enough time compared to the CCG average of 80%, and national average of 86%.
- 87% said they had confidence and trust in the last GP they saw compared to the CCG average of 94%, and national average of 95%
- 76% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 79%, and national average of 85%.
- 86% said the last nurse they spoke to was good at treating them with care and concern compared to CCG average 82%, and national average of 90%.
- 83% said they found the receptionists at the practice helpful compared to CCG average of 84%, and national average 86%

Staff told us that interpreting services were available for patients who did not have English as a first language; however there were no notices at reception or in the practice information booklet in the reception areas informing patients this service was available. In addition to the translation service, a number of the Non-Clinical staff spoke more than one language.

A chaperone facility was available for those who wished to have one accompany them during their consultation with Clinical staff; however there was no notices at reception or in the Practice Information booklet informing patients that this facility was available.

Care planning and involvement in decisions about care and treatment

Patients we spoke to on the day of inspection 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.

Are services caring?

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 or above local and national averages. For example:

- 85% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and the national average of 86%.
- 74% said the last GP they saw was good at involving them in decisions about their care, compared the CCG average of 77% and the national average of 81%.
- 86% said the last nurse they saw was good at involving them in decisions about their care, compared to the CCG average of 75% and the national average of 84%.

These results from the GP Patient Survey shows Practice results broadly comparable to the CCG averages. There is a significantly higher Practice result than that of the CCG (and more comparable to national averages) in the area of provision of care by Practice Nurses. Respondents to the survey said that service provided by nursing staff was good and that they felt as patients, nurses afforded them enough

time to listen to their concerns. The survey data revealed that nurses provided explanation of tests and treatments, as well as involving patients in the decision making process of their care.

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 also has a Care Co-ordinator who provides practical support to patients who have non-clinical queries relating to provision of social care.

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.

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 Saturday morning for working patients who could not attend during normal week day opening hours.
- Appointments could be made online and through the automated telephone system.
- There were longer appointments available for patients with a learning disability.
- Routine bookable 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.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.
- The practice offered a rapid response service for patients over the age of 75 in collaboration with three further local practices. This was when a GP was made available to respond to urgent requests for home visits from any of the participating practices in order to avoid unnecessary attendance at accident and emergency.
- The practice offered an in house phlebotomy service and also arranged for bloods to be taken in a person's home if they were unable to attend the practice.
- The practice provided an in house ultra sound service.
- The practice offered a diabetes clinic for patients who had problems controlling the condition.
- The practice worked with health visitors to discuss vulnerable families and refer families to other organisations that provided further support.
- The practice offered electronic prescribing.
- The practice worked with external services to provide help for patients that were involved with substance and alcohol misuse.
- A joint weekly methadone clinic was held by the practice and CCG clinical lead.
- The practice provided Bengali advocates and made use of telephone translation services.
- The practice provided an in house counsellor but also referred patients to external counsellors for patients with poor mental health.

- The practice provided a ward round for two local care homes and hostel accommodation.
- The practice provided a care co-ordinator to provide social assistance to patients who were struggling.

Access to the service

The practice was open between 8.30am and 6pm each week day except Wednesday when the practice was open from 8.30am to 1pm. Appointments were from 9.00am to 12.30pm every morning and between 1.40pm and 2pm to 6pm each afternoon except Wednesday. Extended surgery hours were offered on a Saturday morning at the Amptill Practice between 9am and 12pm where patients from both practices could be seen by a GP and nurse. 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 below local and national averages.

- 68% of patients were satisfied with the practice's opening hours compared to the CCG average of 69% and national average of 74%.
- 58% patients said they could get through easily to the surgery by phone (CCG average 75%, national average 73%).
- 47% patients said they always or almost always see or speak to the GP they prefer (CCG average 50%, national average 60%).

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 complaints leaflet and posters within the waiting area and consultation rooms.

Are services responsive to people's needs? (for example, to feedback?)

We looked at 23 complaints received in the last 12 months and found that they had been handled appropriately and in line with 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, a complaint regarding the attitude of the receptionists was discussed in a practice meeting and further training given to the reception team.

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 while ensuring a patient centred approach and working with external organisations.

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored. This included the further development of the patient participation group (PPG), being actively involved in a local federation and the total merger of the Ampthill and Regents Park practices with one NHS contract.

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 on the practice shared computer drive..
- 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, which included prescribing audits and administrative audit.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions

Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality

care. They prioritise 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. Team meetings were held monthly at both the Ampthill and Regents Park Practice. There was the same agenda for both meetings and all staff were invited to both. All staff were provided with copies of both meetings that were run.
- 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. We noted team away days were held every six months which included social and team building events such as treasure hunts.
- 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.

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 patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met regularly, however this was not well attended despite the efforts of the practice to make it more accessible by changing the times of the meetings. The PPG carried out the last full patient survey in 2013. However the PPG undertook a mini practice survey into access which resulted in the practice opening on a Saturday morning and the consideration to open for a full day on a Saturday in the near future to increase access.
- The practice had gathered feedback from staff through staff meetings and appraisals. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management, for example there was some confusion over booking appointments for the other site. For example, when based at Ampt Hill

practice, it was difficult for staff to book an appointment for a patient at the Regents Park practice. The practice policy was changed and a separate computer terminal was put aside for booking patients for the other site. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. The practice was recently involved in two pilot schemes that had been taken on board by the CCG. The care co-ordinator post to assist patient's access social help, and the rapid response GP that provides home visits to reduce attendance at accident and emergency.