

Trowbridge Surgery

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 Trowbridge Surgery 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 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.

We saw one area of outstanding practice:

In 2013 the practice had achieved a Royal College of GPs quality practice award. At that time it was one of only twelve practices in London that had earned this award, which recognises the commitment of the practice and its staff to providing high quality care to patients.

The areas where the provider should make improvement are:

Summary of findings

- To lock the vaccines fridge or locate it in a locked room to ensure that its contents are accessible only to authorised practice staff.
- To review PGD policy in relation to national guidance on the production and storage of PGDs.

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. For example, following a fire in a communal waste bin outside of the practice, a procedure had been developed to ensure any similar future event was properly dealt with.
- 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 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.

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.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

Summary of findings

- Information for patients about the services available was easy to understand and accessible.
- The practice gave patients access to translation services and made use of book and online phrase translation facilities. However, there were no notices in other languages in the waiting area to aid patients whose first language was not English, in finding out about any of the services that the practice offered.
- 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 NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, the heart failure clinic funding was withdrawn but following representations from the patient participation group (PPG) the practice had re-instated the clinic.
- 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 with quality and safety as its top priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was a high level of constructive engagement with staff and a high level of staff satisfaction, this was reflected in the low turnover of staff. For example, both of the salaried GPs had worked for the practice since completing their GP training.

Summary of findings

- The practice gathered feedback from patients using new technology.
- There was a strong focus on continuous learning and improvement at all levels.
- It was aware of and complied with the requirements of the Duty of Candour. The directors 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 had been awarded a quality practice award by the Royal College of GPs. This recognized commitment to the delivery of patient care. As part of the group of practices making up AT Medics Limited it had achieved ISO9001 accreditation for its high quality management. Similarly, as part of AT Medics Limited, the practice had been awarded an Investors in People accreditation for its work in empowering employees.
- Salaried GPs at the practice had direct telephone access to the GP directors of the parent company. This enabled them to obtain advice regarding patient matters in a timely way.

Summary of findings

The six population groups and what we found

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

Older people

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

Good



- The practice had a small population of 160 patients over the age of 65.
- It offered proactive, personalised care to meet the needs of the older people in its population. For example it held monthly multidisciplinary team (MDT) meetings to support older patients and to help them to avoid hospital admissions.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Patients over 75 years of age who had not been seen for three years were offered over 75s health checks and were opportunistically screened for dementia.
- The practice participated in the local enhanced frail home visiting scheme that provided proactive care to elderly frail housebound patients.

People with long term conditions

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

Good



- Nursing staff and GPs had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- 97.37% of patients on the diabetes register, had a record of a foot examination and risk classification within the preceding 12 months compared to the national average of 88.3%.
- 97.62% of patients with diabetes, on the register, had had influenza immunisation in the preceding 1 August to 31 March compared to a national average of 94.45%.
- 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.

Families, children and young people

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

Good



Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- 92.34% of patients with asthma, on the register, had had an asthma review in the preceding 12 months (national average 75.35%).
- 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 82.59%, which was comparable to the national average of 81.33%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, and health visitors.
- The practice provides in-house screening for sexually transmitted infections and IUD fitting.

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.
- It offered appointments on Monday to Friday between 8.00am to 6.30pm and on Saturday mornings as well as telephone consultations to enable working patients to get appointments.
- The practice also supported out of area registration for people working in the area.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.

Good



Summary of findings

- 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.

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).

- 91.3% of patients with schizophrenia, bipolar affective disorder and other psychoses had had a comprehensive, agreed care plan documented in the record, in the preceding 12 months (national average 88.47%).
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published on 7 January 2016. The results showed the practice was performing in line with local and national averages. Four hundred and eight survey forms were distributed and 95 were returned. This represented 1.7% of the practice's patient list.

- 92% found it easy to get through to this surgery by phone compared to a CCG average of 74% and a national average of 73%.
- 95% were able to get an appointment to see or speak to someone the last time they tried (CCG average 89%, national average 92%).
- 94% described the overall experience of their GP surgery as fairly good or very good (CCG average 84%, national average 85%).
- 87% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 77%, national average 78%).
- 95% found the receptionists at this surgery helpful (CCG average 87%, National Average 87%).
- 64% usually got to see or speak to their preferred GP (CCG average 53%, National Average 59%).
- 89% described their experience of making an appointment as good (CCG average 71%, National Average 73%).
- 81% usually waited 15 minutes or less after their appointment time to be seen (CCG average 62%, National Average 65%)

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 46 comment cards which all contained positive comments about the way staff treated them with dignity and respect and showed concern for their problems. They were also happy that the surgery was always clean and tidy. Some cards, though, also raised negative issues concerning early morning telephone access.

We spoke with 5 patients during the inspection, including one member of the patient participation group (PPG). All 5 patients said they were happy with the care they received and thought that staff were approachable, committed and caring. Some patients, however, mentioned the difficulty in getting through to the surgery by phone first thing in the morning.

The Friends and Family Patient Survey found several areas that patients thought could be improved. For example, patients raised the issue of contacting the surgery by telephone at 8.00am. The practice responded by putting up posters in reception encouraging patients not to call for non-urgent requests or test results between 8.00am to 10.00am. Patients also wanted more continuity of doctors. The practice explained that one doctor had been on maternity leave but had recently returned. Patients also asked for more appointment slots. The practice reminded patients that between April and December 2015 805 patients failed to attend their appointments without cancelling. These appointments could otherwise have been allocated to other patients.

Areas for improvement

Action the service **SHOULD** take to improve

The areas where the provider should make improvement are:

- To lock the vaccines fridge or locate it in a locked room to ensure that its contents are accessible only to authorised practice staff.
- To review PGD policy in relation to national guidance on the production and storage of PGDs.

Summary of findings

Outstanding practice

We saw one area of outstanding practice:

In 2013 the practice had achieved a Royal College of GPs quality practice award. At that time it was one of only twelve practices in London that had earned this award, which recognises the commitment of the practice and its staff to providing high quality care to patients.

Trowbridge Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Trowbridge Surgery

The practice is located in the London Borough of Hackney. It is one of 43 GP practices in the City & Hackney CCG. There are approximately 5,500 patients registered at the practice, which is situated in an area mostly made up of houses and blocks of flats, there are also local shops and supermarkets nearby. There is limited local parking as permits are required, though the area is served by buses and a local London Over ground station at Hackney Wick.

- The practice is part of the AT Medics Limited group of 24 practices across London run by GP directors.
- It has an APMS contract with the NHS to carry out the following regulated activities: Diagnostic and screening procedures; Family planning; Maternity and midwifery services; Surgical procedures; and Treatment of disease, disorder or injury.
- There is one male GP director, and two salaried GPs, one male the other female, and a male locum GP who works Saturday mornings. There is also a Director of Operations working a whole time equivalent (WTE) of 0.5, an assistant practice manager (WTE 1.0), a female non-prescribing practice nurse (WTE 1.0), and four

reception staff (working a combined WTE of 3.8), including one who is also a qualified phlebotomist. The GP director works a whole time equivalent of 0.2, while the salaried GPs work a WTE of 0.8 and 0.7 respectively.

- It is a teaching practice for F2 doctors (F2 is a grade of medical practitioner undertaking a two-year, general postgraduate medical training programme which forms the bridge between medical school and specialist/general practice training.) and there is currently one F2 doctor with the practice.
- The practice is open between 8.00am and 6.30pm Monday to Friday, and from 8.50am to 12.00pm on Saturdays. Appointments are from 9.00am to 12.00pm every morning and 3.00pm to 6.00pm daily. In addition, there are: emergency appointments from 8.00am to 9.00am Monday to Friday; telephone consultations are available between 9.00am to 10.45am on Tuesdays, Wednesdays and Thursdays; there is a duty GP available to see patients from 8.00am to 6.00pm Monday to Friday.
- When the practice is closed patients are directed to call either 111 or to their out of hours provider City & Hackney Urgent Healthcare Social Enterprise (CHUHSE).
- The practice is located in the most deprived decile in England. Life expectancy is below average for both men and women. Of the patients registered at the practice 55.0% are white, 24.6% are black, 6.3% are Asian.

Why we carried out this inspection

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

Detailed findings

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.

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 including GPs, director of operations, and reception staff and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice 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, when a fire was noticed in a communal waste bin near to the rear of the practice, staff were evacuated and the fire was extinguished. The embers of the fire subsequently re-ignited prompting the need to further douse the flames. The incident was discussed at a meeting of practice staff. It was agreed that in future the fire brigade would be called and the practice fire alarm would be activated to warn residents of the flats above the practice. In addition, as the flats above the practice could not be accessed without a key, the telephone number for the housing association owner of the flats was recorded in the practice visitor's book in order that tenants could be contacted via the housing association in the event of a future incident.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again. For example, a patient was discharged from hospital with a reducing regime of medicine. When the patient subsequently requested a prescription for the medicine they were given a standard amount rather than a decreasing regime. The mistake was discovered on review, and this prompted the practice to investigate and to discuss the matter at a multidisciplinary team meeting (MDT) where it was agreed that the severity of the need for admission should have triggered a review of the patient's management plan. Staff were reminded of the need to review patient management plans following release from

hospital and an alert was to be placed on the notes in the future for patients on decreasing medicine regimes. The practice had followed the duty of candour guidelines by providing the patient with an explanation and an apology.

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 and nurses were 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 all members of staff had received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The director of operations and practice nurse shared the infection control lead role. They liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and we saw evidence that all staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of

Are services safe?

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 vaccines were stored in a pharmaceutical fridge. The fridge temperature was monitored twice daily and found to be within the recommended range of 2-8°C. There were shelves in the fridge door, and the practice nurse was unaware that vaccines should not be stored on the shelves. The practice removed the door shelves during out visit. The vaccines in the fridge were in date and the fridge was not overstocked. The fridge thermometer was powered by battery and on one occasion in the past its alarm had gone off as a result of the battery running low on power. The practice had taken the precaution of moving the vaccines to a local pharmacy and had discovered the battery problem. It placed a notice on the fridge to regularly replace the battery. We found that the fridge was not lockable and nor was it located in a lockable room.
- Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. However, the PGDs were stored in reception rather than in the nurses office, so hampering ease of reference for the nurse.
- 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.
- 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. The practice had up to date fire risk

assessments and carried out fire drills once a year. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice 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, as well as buzzers located under the desks, 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 oxygen with adult and children's masks on the premises, but did not have a defibrillator available. The practice ordered a defibrillator on the day of inspection and had since confirmed that it was delivered 3 working days later. 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 GP Notebook (an online reference source for GPs) 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 95.7% of the total number of points available, with 7.7% 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 comparable to the national average. For example, 97.37% of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months compared to the national average of 88.3%.
- 97.62% of patients with diabetes, on the register, had had influenza immunisation in the preceding 1 August to 31 March compared to a national average of 94.45%
- The percentage of patients with hypertension having regular blood pressure tests at 87.22% was comparable to the national average of 83.65%.

- Performance for mental health related indicators was similar to or better than the national average for example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in their record, in the preceding 12 months was 91.3%, compared to a national average of 88.47%.
- The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months was 80% (national average 84.01%).
- 92.34% of patients with asthma, on the register, had had an asthma review in the preceding 12 months (national average 75.35%).
- The percentage of patients with COPD who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months was 94.3% (national average 89.9%)
- 100% of patients with atrial fibrillation with CHADS2 score of 1, were treated with anticoagulation medicines or an antiplatelet therapy compared to a national average of 98.36%

Clinical audits demonstrated quality improvement.

- There had been 5 clinical audits carried out in the last two years, 3 of these were two cycle audits where the improvements made were implemented and monitored. For example, one audit considered the risks of long-term use of high dose inhaled corticosteroids in asthma and chronic obstructive pulmonary disease (COPD). As a result of the audit the practice: identified, and made use of, a referral pathway for pulmonary rehabilitation; purchased more oxygen saturation monitors to enable all clinicians to opportunistically measure patients oxygen saturation levels; and started to remind patients in the risk groups to have annual flu vaccinations. The practice found that the percentage of asthma patients who had the flu vaccine increased from 38% at the time of the first cycle of the audit to 67% following the second cycle. While the percentage of COPD patients with self-management plans increased from 94% to 100%.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.

Are services effective?

(for example, treatment is effective)

Information about patients' outcomes was used to make improvements such as: a first cycle two week wait audit (a two week wait referral means that patients will wait a maximum of two weeks from their urgent referral to their first outpatient appointment) had uncovered a small percentage of patients who had failed to attend their appointment. The practice had developed a spreadsheet to monitor these referrals through attendance to diagnosis.

The practice also shared learning from incidents across the group. For example, when the fridge thermometer battery ran low triggering its alarm. The practice had shared with other practices in the group the need to change the battery at regular intervals. The practice also participated in in-house training webinars across the group to further increase learning of its GPs and staff.

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. New members of staff followed a 3 month induction programme which involved working closely with an experienced member of staff whilst also undertaking all mandatory training.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, 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 discussion at CCG update 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 staff had had an appraisal within the last 12 months.
- Staff had access to a range of in-house and external training, including webinars and e-learning modules.

They received training that included: safeguarding, fire procedures, basic life support, infection control, chaperoning, health and safety, equality and diversity, customer service and information governance awareness.

- The salaried GPs working at the practice had telephone access to GP directors for advice and assistance. This had recently resulted in an anxious patient requiring an MRI scan being referred to an open MRI facility less likely to cause distress to the patient.
- Continuing professional development was supported by the practice. For example, the practice was already a teaching practice for junior doctors, but in addition, one of the salaried GPs was studying to become a GP trainer. This would benefit the practice as it would also be able to take on GP trainees.
- The practice promoted staff from within and from other practices within AT Medics Limited. For example, the assistant practice manager had previously worked as a receptionist at another practice within the group. Also, the GP who undertook telephone consultations was a long-term locum who had formerly been a registrar with the practice.

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 people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

Are services effective?

(for example, treatment is effective)

- The practice also shared information across all practices within the AT Medics Limited group of practices. For instance there were regular bi-monthly meetings of practice managers and assistant practice managers.

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, when they were referred, or after they were discharged from hospital.

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.
- The process for seeking consent was monitored through records audits.

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 and obesity.

- The practice provided clinic space to local services running monthly clinics for heart failure, psychology, substance misuse, and diabetes. One of the GPs was available to discuss patient needs and to provide prescriptions.
- Breast screening uptake had previously been identified as an area for improvement as the uptake was below that expected. The practice had identified that the groups not attending were carers, and the disabled. The practice made more appointments available and had proactively sent letters and telephoned to encourage attendance.

The practice's uptake for the cervical screening programme was 82.59%, which was comparable to the national average of 81.33%. The practice demonstrated how they encouraged uptake of the screening programme by telephoning, writing and via opportunistic invitations and for those with a learning disability 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 better than CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 97.2% to 100% and five year olds from 80% to 95.4%.

Flu vaccination rates for the over 65s were 83.95%, and at risk groups 69.91%. These were also above national averages which were 73.24% and 56.43% respectively.

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 that 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 take them to a quiet area in a corridor to discuss their needs.
- All staff had received customer service training, and were overseen by the practice manager whose desk was in the admin area behind reception.

All of the 46 patient Care Quality Commission comment cards we received were 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. Comment cards also highlighted that staff responded compassionately when they needed help and provided support when required. The only negative issue that patients raised was of difficulty in getting through to the surgery by telephone when the practice opened at 8.00am. The practice was aware of this issue and had started to educate patients not to call for non-urgent matters or for test results before 10.00am.

We spoke with one member of the patient participation group (PPG). They also told us that the PPG was satisfied with the care provided by the practice and said their dignity and privacy was respected. The PPG felt supported by the practice but was aware that there was a need for more members. The practice was aware of this and was encouraging patients to become members of the PPG.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was similar to CCG and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 87% said the GP was good at listening to them compared to the CCG average of 87% and national average of 89%.
- 79% said the GP gave them enough time (CCG average 84%, national average 87%).
- 94% said they had confidence and trust in the last GP they saw (CCG average 94%, national average 95%).
- 77% said the last GP they spoke to was good at treating them with care and concern (CCG average 83%, national average 85%).
- 93% say the last nurse they saw or spoke to was good at giving them enough time saw (CCG average 88%, national average 92%).
- 92% say the last nurse they saw or spoke to was good at listening to them (CCG average 87%, national average 91%).
- 95% said they found the receptionists at the practice helpful (CCG average 87%, national average 87%).

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback 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:

- 68% say the last GP they saw or spoke to was good at involving them in decisions about their care (CCG average 79%, national average 82%).
- 80% say the last GP they saw or spoke to was good at explaining tests and treatments (CCG average 83%, national average 86%).
- 91% said the last nurse they spoke to was good at treating them with care and concern (CCG average 86%, national average 91%).

Are services caring?

- 93% said the last nurse they saw or spoke to was good at explaining tests and treatments (CCG average 87%, national average 90%).

The practice was aware that its patient satisfaction levels had previously declined but advised that they were increasing at the time of our visit. The practice explained that one of the salaried GPs had been on maternity leave resulting in patients having to see locum GPs with whom they were less familiar. The GP had recently returned to the practice and there had been an increase in patient satisfaction as patients had more confidence in the permanent GP than with the locums who had covered her absence.

Staff told us that telephone or bookable translation services were available for patients who did not have English as a first language. The practice also made use of online translation software and NHS books of commonly used phrases translated into a range of languages. We did not, however, see notices in the reception area informing patients this service was available. Nor were there notices in any languages other than English in the reception and waiting areas. The practice advised that most patients who had difficulty speaking English would attend with an advocate to assist them. When the advocate was a family member the GP would use their judgement whether this was in the patient's interest. If the GP was concerned they

would ask the advocate to leave the room and if necessary re-arrange the appointment and ensure that an independent translator was available for the next appointment.

Patient and carer support to cope emotionally with care and treatment

Notices and leaflets 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 98 of the practice list as carers. Carers had been identified via asking if patients were carers on the new patient registration form, and also opportunistically asking patients during consultations. The practice gave carers free flu injections, and 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 or by giving them advice on how to find a support service. For example, following a fatal road traffic accident that occurred outside of the practice the patients' partner came to meet the staff who had tried to revive the patient.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. As Hackney is an area of severe deprivation, it is in the most deprived decile in England, with a large working age population, issues of smoking and other substance misuse, obesity, mental health, sexual health and diabetes. The practice, in conjunction with local services, ran monthly clinics for heart failure, psychology services, substance misuse, and diabetes. In addition, it worked with patients to support them with reducing alcohol consumption, and to stop smoking. Patients needing dietary advice were referred to appropriate local services.

- The practice offered early morning emergency appointments between Monday and Friday from 8.00am to 9.00am for any patients who had become unwell overnight. It also offered Saturday morning appointments for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability, carers, elderly patients and those with two or more serious medical conditions.
- Home visits were available for older patients and patients who would benefit from these, including residents of a local mental health hostel who were reluctant to visit the practice.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS. Those requiring vaccinations only available privately were referred to other clinics.
- There were disabled facilities, including step free access, wheelchair access, and a disabled toilet. Patients requiring baby changing facilities were directed to a separate room.
- Translation services were available, including telephone and face to face translators, but there was no hearing loop in reception for deaf patients. Staff told us that there were very few deaf patients and that they were well known to the staff so could be helped without difficulty.

- A video was available through the practice website that had been jointly developed by another practice within the AT Medics Limited group in conjunction with a local charity. The video, entitled 'Talking from the Heart', was created to help members of the Muslim community with mental health issues. Taking a mental and physical health as well as faith based approach the video sought to alleviate the misunderstanding and isolation that sufferers of mental health issues can experience.

Access to the service

The practice was open between 8.00am and 6.30pm Monday to Friday, and from 8.50am to 12.00pm on Saturdays. Appointments were from 9.00am to 12.00pm every morning and 3.00pm to 6.00pm daily. In addition, there were: emergency appointments from 8.00am to 9.00am Monday to Friday; telephone consultations were available between 9.00am to 10.45am on Tuesdays, Wednesdays and Thursdays. A duty GP was available to see patients from 8.00am to 6.00pm Monday to Friday.

In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them. At the time of our visit the next urgent and routine appointments were available the following day, however, the next appointment with a nurse was subject to an eight day wait.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was better than national averages.

- 89.84% of patients were satisfied with the practice's opening hours compared to the national average of 78.53%.
- 93.28% of patients said they could get through easily to the surgery by phone (national average 73.28%).
- 95% of patients said the last appointment they got was convenient compared to the national average of 92%.
- 64% patients said they always or almost always see or speak to the GP they prefer (national average 59%).
- 95% of patients were able to get an appointment to see or speak to someone the last time they tried (national average 85%).

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

Are services responsive to people's needs?

(for example, to feedback?)

some also mentioned the difficulty in phoning for an on the day appointment early in the morning. Patients with children said that the practice was always able to give them same day appointments.

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 this included posters displayed in the waiting area, and a leaflet. Staff also demonstrated awareness of how to deal with complaints.

- The practice had previously worked with local groups to offer a heart failure clinic. When local funding was withdrawn the patient participation group (PPG) asked the practice to re-start the clinic. The practice re-instated the clinic on a monthly basis.

We looked at 3 complaints received in the last 12 months and found that these had been handled in a satisfactory and timely way, and the complaints were dealt with honestly and with openness. Lessons were learnt from the complaints and action was taken to as a result to improve the quality of care. For example, a patient attended late for their appointment stating that on booking the appointment they had been told to attend at the later time. The patient complained when offered an appointment for the following day, and was abusive towards reception staff. The practice wrote acknowledging the complaint, offering a meeting and giving details of an advocacy service. Following an investigation a second letter was sent responding to the complaint, advising the action that the complainant could pursue if they remained dissatisfied. The letter also pointed out the practice zero tolerance policy relating to the abuse of staff.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement and staff knew and understood the values, however, it was not displayed in the waiting or reception areas.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored. For example, the practice was aware that a limiting factor was the need for more space. Accordingly, it had recently moved all patient record storage to a secure off-site location. A member of staff lived near to the storage facility so ensuring that patient records could be retrieved on a daily basis if necessary. The increased space in the admin area was in the process of being re-organised to allow more staff to comfortably work in that area.

Governance arrangements

There was a senior management team in place with leadership responsibilities across all of the group of practices comprising AT Medics Limited. The senior management team had oversight of policies and procedures required and implemented across the organisation. The overarching governance framework supported the delivery of the strategy and good quality care. It 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.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

The directors of 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. One of the directors was visible in the practice and staff told us he was 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 directors 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, felt confident in doing so, and felt supported if they did. The practice paid for staff to go out for meals when things went well and for special occasions. For instance, when a long-serving member of staff left last year, the practice went out for a meal and presented the retiree with a photo album of events at the practice throughout her career.
- Staff we spoke to said they felt respected, valued and supported, particularly by the directors of the practice. All staff were involved in discussions about how to run and develop the practice, and the directors encouraged all members of staff to identify opportunities to improve the service delivered by the practice.
- There was a high level of staff satisfaction, this was reflected in the low turnover of staff. For example, both of the salaried GPs had worked for the practice since completing their GP training, and the Director of Operations had been with the practice since it had been taken over by AT Medics Limited in 2006.

Are services well-led?

Good 

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

- Salaried GPs working at the practice were able to seek advice about patient matters direct from the resident GP Director. In his absence they had direct telephone access to any of the GP directors of the parent company.

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 had been an active PPG which met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. Recently, however, the PPG had lost some very active members, due to illness and bereavement, resulting in a smaller less active group. The practice was aware of this and was encouraging patients to participate in the PPG. The PPG had raised several issues with the practice which had led to improvements in the service. For example, after the PPG had raised the issue of access to appointments, in response the practice had increased the number of appointments available.
- The practice had gathered feedback from staff through staff meetings, appraisals and general discussion. 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. For example, a member of the reception staff had been trained as a phlebotomist after identifying a need for a phlebotomist at the practice.

- The practice had a whistleblowing policy which was available in the staff handbook and electronically on any computer within the practice.

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 one of the GPs was training to be a GP trainer.

Also, the practice had achieved a Royal College of GPs (RCGP) quality practice award (QPA) in 2013. The practice was one of only 12 practices in London to have earned this award, and the only practice in Hackney. The QPA recognised the commitment of the entire team in providing high quality care for patients within a learning and adaptive environment. It was the highest attainable award available from the RCGP encompassing a large clinical component and assessment of patient experience.

In addition, AT Medics Limited group of practices had achieved the ISO9001 quality mark. ISO 9001 was granted in recognition of AT Medics Limited achieving a high level of quality management in the areas of facilities, people, training, services, and equipment. The practice followed globally recognised quality management principles which influenced how they operated including the creation and revision of policies and procedures, audits of systems and processes and maintaining patient focus.

The AT Medics Limited group of practices had also been awarded Investor in People (IIP) award. The IIP is an accreditation that recognises the work an organisation does in empowering its employees to be at their best.