

Carpenters Practice

Quality Report

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Date of inspection visit: 26 May 2015

Date of publication: 12/11/2015

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 on the 26 May 2015. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Risks to patients were assessed and well managed.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training needs had been identified and planned.
- 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 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 taken over by Lantern Health CIC in 2013. We saw data which confirmed that clinical performance, patient outcomes and patients' satisfaction had improved since then.

However, there was an area of practice where the provider needs to make improvements. The practice should -

- Continue working towards improving overall performance and patient outcomes.

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. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated widely to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed.

Risks to patients were assessed and well managed.

Good



Are services effective?

The practice is rated as good for providing effective services. Data showed patient outcomes were at or above average for the locality. Performance was monitored and was shown to be improving consistently.

Staff referred to guidance from the National Institute for Health and Care Excellence and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. Staff had received training appropriate to their roles and any further training needs had been identified and appropriate training planned to meet these needs. There was evidence of appraisals and personal development plans for all staff. Staff worked with multidisciplinary teams.

Good



Are services caring?

The practice is rated as good for providing caring services. Data showed that patients rated the practice higher than others for several aspects of care. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

Information for patients about the services available was easy to understand and accessible. We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services. It 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.

Some patients said they found it was sometimes difficult to make an appointment with a named GP. However, the practice had

Good



Summary of findings

appointed more GPs, which would improve continuity of care. 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 that 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. It had a clear vision and strategy. 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 were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group (PPG) was active. Staff had received inductions, regular performance reviews and attended staff meetings and events.

Good



Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as good for the care of older people. Data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in dementia and end of life care. It was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs. Eighty-eight per cent of older patients had received structured annual medication reviews for polypharmacy. All patients aged over 75 had been informed of their named GP.

Good



People with long term conditions

The practice is rated as good for the care of people with long-term conditions. Staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Longer appointments and home visits were available when needed. All these patients had a named GP and a structured annual review to check that their health and medication needs were being met. Eighty-six per cent of patients with diabetes had received an annual foot check and 62% a retinal check.

For those people 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. 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. Appointments were available outside of school hours and the premises were suitable for children and babies. We saw good examples of joint working with midwives, health visitors and school nurses.

Good



Summary of findings

Working age people (including those recently retired and students)

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

Good



People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable. The practice held a register of patients living in vulnerable circumstances including those with a learning disability. It offered longer appointments for people with a learning disability.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. It had told vulnerable patients about how to access various support groups and voluntary organisations. Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Good



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). Data showed that 85% of people experiencing poor mental health had received an annual physical health check. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. It 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. It had a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health. Staff had received training on how to care for people with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published in July 2015, for the period July - September 2014 and January - March 2015 showed the practice was generally performing in line with local and national averages, although there were some aspects of the service where patients had responded negatively. Four hundred and sixty-three questionnaires had been sent, with 83 patients returning them, a response rate of 18%.

- 80% find it easy to get through to this surgery by phone compared with a CCG average of 61% and a national average of 73%.
- 84% find the receptionists at this surgery helpful compared with a CCG average of 80% and a national average of 87%.
- 27% with a preferred GP usually get to see or speak to that GP compared with a CCG average of 49% and a national average of 60%.
- 87% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 76% and a national average of 85%.
- 78% say the last appointment they got was convenient compared with a CCG average of 85% and a national average of 92%.

- 70% describe their experience of making an appointment as good compared with a CCG average of 65% and a national average of 73%.
- 63% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 51% and a national average of 65%.
- 45% feel they don't normally have to wait too long to be seen compared with a CCG average of 41% and a national average of 58%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 19 comment cards which were positive about the standard of care received. Patients described the service as good, that the staff were friendly, helpful and efficient. Two patients said it was sometimes difficult to get appointments, but two others said they could be arranged easily and quickly. We spoke with eight patients on the day and four members of the patient participation group.

We also looked at comments and reviews patients had left on the NHS Choices website. We noted that 66.6% of the 21 respondents to the site would recommend the surgery, a figure which rated the practice in the middle range. In the Friends and Family Test, to which 38 patients had responded, 95% would recommend the practice.

Areas for improvement

Action the service SHOULD take to improve

- Continue working towards improving overall performance and patient outcomes.

Carpenters Practice

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC Inspector. The team included a GP specialist adviser, a practice nurse specialist adviser, a practice manager specialist adviser and an Expert by Experience. An expert by experience is a person who has personal experiences of using or caring for someone who uses this type of service.

Background to Carpenters Practice

Carpenters Practice is run by Lantern Health CIC. It operates from new purpose-built premises at 236-252 High Street, Stratford London E15 2JA, having moved from a nearby location which it shared with community groups in January 2015. The practice provides NHS primary medical services through an Alternative Provider Medical Services (APMS) contract to approximately 11,100 patients. The practice is part of the NHS Newham Clinical Commissioning Group (CCG) which is made up of 61 general practices.

In addition to Carpenters Practice, Lantern Health CIC operates two other practices for the CCG. The three practices had been struggling when Lantern Health took them over in 2013. It was recognised that the Carpenters Practice premises were inappropriate and the opportunity to move to new purpose-built premises was identified. It had been planned for the practice to move in during 2013, but delays led to the premises being ready for handover only at the end of 2014.

The patient profile for the practice indicates a population of more working age people and families with children than the national average and a lower proportion of older people in the area compared with the national average.

The practice's opening hours are 8.00am to 6.30pm Monday to Friday and appointments with doctors and nurses are available throughout the day. The practice offers extended hours appointments up to 8.00pm on Tuesday, Wednesday and Thursday. The practice has opted out of providing an out-of-hours service. When closed, calls are forwarded to the local out-of-hours service provider. Information regarding this is given on the practice website and the practice leaflet, together with details of the NHS 111 service.

Clinical staff at the practice was made up of two permanent female GPs and one long term locum. Two employed practice nurses, a locum nurse and a health care assistant (HCA) covered Carpenters Practice and Lantern Health's other two practices according to a rota. The nurses and HCA were female. The practice had recently appointed a male nurse, but he had not yet taken up his duties. Ten administrative / reception staff worked at Carpenters Practice, together with the team leaders who also covered the other practices. Lantern Health's managerial team were based at Carpenters Practice, as were three summarisers.

The practice is registered with the CQC to provide the regulated activities Diagnostic and screening procedures, Family planning, Maternity and midwifery services, Treatment of disease, disorder or injury.

Detailed findings

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme. It had not been inspected previously.

How we carried out this inspection

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 are provided for specific groups of people and what good care looks 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)

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on the 26 May 2015. During our visit we spoke with a range of staff including GPs, nurses, managers and administrative staff. We also spoke with eight patients who used the service and four members of the patient participation group. We observed how people were being cared for and reviewed the personal care or treatment records of patients. We reviewed 19 comment cards where patients and members of the public shared their views and experiences of the service.

Are services safe?

Our findings

Safe track record and learning

There was an open and transparent approach and a system in place for reporting and recording significant events. People affected by significant events received a timely and sincere apology and were told about actions taken to improve care. Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system. All complaints received by the practice were entered onto the system and automatically treated as a significant event. We saw that Lantern Health held regular meetings to discuss and review significant events at the three practices and to share learning with staff. They were analysed to identify any particular trends and outcomes were recorded. Staff we spoke with were able to tell us of significant event investigations and outcomes.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. We saw that there had been seven significant events recorded for the practice in the preceding 12 months. Events were recorded in detail, reviewed and actioned and appropriate learning points established. For example, when non-clinical waste had been found in the clinical waste bin, staff had been reminded of the practice's infection control guidelines and the practice ensured that all staff had received appropriate infection control training.

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance. This enabled staff to understand risks and gave a clear, accurate and current picture of safety. The practice used the National Reporting and Learning System (NRLS) eForm to report patient safety incidents.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep people safe, which included:

- Arrangements were in place to safeguard adults and children 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. The lead GP was the designated safeguarding lead and all staff knew how to report any safeguarding concerns they might have. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated a good understanding of their responsibilities and all had received training relevant to their role - GPs and nurses had been trained to level 3 in child protection. We saw that GPs and nurses had been trained in adult safeguarding to level three and in child protection, whilst non-clinical staff also had up to date adult and child safeguarding training which was appropriate to their roles.
- A notice was displayed in the waiting room, advising patients that staff would act as chaperones, if required. This information was also given on the practice website, together with a link to the practice's detailed chaperone policy. Only staff who had been trained acted as chaperones and we saw that the most recent training had been provided in March 2015. We also saw that staff performing the chaperone role had undergone a disclosure and barring service check (DBS). (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).
- 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. We saw that a fire risk assessment had been carried out in December 2014, as part of the handover process of the new premises, and also that regular fire drills were carried out. Most of the electrical equipment and instruments were new at the time of the relocation. Existing electrical and clinical equipment had been checked just prior to our inspection to ensure it was working properly and safe to use. The practice also 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.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. One of the practice nurses was the lead for infection control at the practice; however she was not

Are services safe?

present on the day of the inspection. The practice worked closely with local infection prevention teams to keep up to date with current guidelines and best practice. There was an infection control policy in place and staff had received up to date training. The practice had an adequate supply of personal protective equipment, such as masks, gloves and aprons, and patients we spoke with confirmed that staff used this appropriately. All the patients we spoke with were very positive about cleanliness at the practice. Because there were some items of snagging work still being done following the premises handover, the practice had not yet carried out a formal infection control audit at the new location. During the process of checking the factual accuracy of our draft report, the practice informed us that an infection control audit had been carried out in September 2015.

- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Regular medication audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. We saw published data indicating that prescribing rates were in line with national practice. Prescription pads were securely stored and there were systems in place to monitor their use.

We checked how medicines and vaccines were stored. We saw records that confirmed fridge temperature monitoring was conducted and recorded appropriately. Medicines and vaccines were stored safely and monitored to ensure all were suitable for use. All the medicines, emergency drugs and vaccines we checked were within date.

The practice used Patient Group Directions (PGDs) to administer vaccines and other medicines that had been produced in line with legal requirements and national guidance. The health care assistant administered vaccines and other medicines using Patient Specific Directions (PSDs) that had been produced by the prescriber. We saw evidence that the nurse and the health care assistant had

received appropriate training and been assessed as competent to administer the medicines referred to, either under a PGD for the nurses, or for the health care assistant in accordance with a PSD from the prescriber.

- We reviewed ten staff files which showed that 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. We saw it was a practice policy for all staff's DBS checks to be repeated every 18-24 months.
- 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

There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. We saw that staff had received annual basic life support training in February 2015. The practice had a defibrillator available on the premises and oxygen with adult and children's masks. The location of the emergency equipment was clearly marked and all staff knew where it was kept. The defibrillator pads were in date and the battery was charged, ready for use. 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. Face masks for use in mouth-to-mouth resuscitation and anaphylactic shock packs were available in all treatment rooms. There was also a first aid kit and accident book available.

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 and provided for service to be transferred to other locations if the premises could not be used.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines and bulletins issued by the CCG. The practice had systems in place to ensure all clinical staff were kept up to date. Staff we spoke with confirmed that the systems were efficient and effective. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet 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 participated in the Quality and Outcomes Framework (QOF). This is a system intended to improve the quality of general practice and reward good practice. The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. The most recent published results relate to the year 2013/14 and indicated that the practice achieved 73.2% of the total number of points available, with 7.6% exception reporting. This was 20.8% below the CCG average and 20.3% below the national average. Specific data from 2013/14 showed;

- Performance for diabetes related indicators was 70.1%, being 19.9% below the CCG average and 20% below the national average.
- Performance for hypertension related indicators was 42.5%, being 51.7% below the CCG average and 45.9% below the national average.
- Performance for mental health related indicators was 48.2%, being 40.7% below the CCG average and 42.2% below the national average.
- Overall performance for clinical results was 65.4%, being 27.4% below the CCG average and 26.9% below the national average.

We noted, however, that for other indicators the practice was performing better than the CCG and national averages, for example -

- Performance for dementia related indicators was 96.7%, being 4.8% above the CCG and 3.3% above the national average.
- The dementia diagnosis rate, adjusted by the number of patients in residential care homes, was 0.84%, being above the national rate of 0.54%.
- Performance for heart failure related indicators was 100%, being 2.3% above the CCG and 2.9% above the national average.

We discussed the QOF performance with staff. When Lantern Health took over the practice, a number of clinical and administrative staff had transferred from the previous provider. The practice was operating with only a third of the clinical staff of GPs and nurses being employed, with two-thirds being locums. The practice found it difficult to recruit, partly due to premises it shared with community groups, which had been identified as unsuitable. In addition, there were issues of poor morale among some of the transferred administrative staff. However, these had been dealt with appropriately. The practice had later been able to appoint new staff both in clinical and senior management roles. This, together with the move to new premises, which had been delayed for 15 months, had greatly increased morale and commitment and had contributed to performance being much improved. The practice showed us data from its 2014/15 QOF submission which confirmed this to be the case, for example -

- The practice had achieved 91% (from 73.2% the previous year) of the total points available, with a 7.13 clinical exception rate.
- Performance for diabetes related indicators was 85% (from 70.1%).
- Performance for hypertension related indicators was 100% (from 42.5%).
- Performance for mental health related indicators was 89% (from 48.2%).
- Overall performance for clinical results was 89% (from 65.4%).

In addition to QOF, Lantern Health used its own performance monitoring system, using various key performance indicators. These were reviewed on a monthly basis, to help identify where improvements could be made.

The practice showed us data indicating that 88% of older patients had received structured annual medication reviews for polypharmacy. The practice maintained a

Are services effective?

(for example, treatment is effective)

register of patients with diabetes, with 86% of the patients having received a foot check and 62% receiving an eye (retinal) check. Sixty-seven per cent of patients on the heart failure register had had an annual medicines review. We saw data that 31% of patients experiencing mental health problems had received an annual physical health check and 80% of those patients who had attended hospital accident and emergency had been followed up by the practice. It maintained a register of patients with dementia and 32% of the patients had a record of advance care planning.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and people's outcomes. We looked at five clinical audits that had been conducted in the last year. These related to identifying pre-diabetes patients, an exercise to establish an accurate COPD register, a review of medication prescribed to patients at a care home which the practice worked with, a review of the standard of care of hepatitis patients and a review of antipsychotics prescribing. Three of these were completed audits where the improvements made were implemented and monitored. The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research. Findings were used by the practice to improve services. For example, following the review of hepatitis patients, the practice set up on its clinical system an annual review template and recall code to help monitor patient care. It was used to record hepatitis serology results, liver function tests and follow up action, together with healthy lifestyle advice given and health promotion. We saw that the audit results and agreed action were discussed within the practice and with the CCG, as it provided an opportunity for shared learning with other local practices.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, fire safety, health and safety and confidentiality.
- 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 these learning needs and to cover the scope of their work. This included on-going support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All staff had had an appraisal within the last 12 months.

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

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system. This included care and risk assessments, care plans, medical records and test results. Information such as NHS patient information leaflets were also available. All relevant information was shared with other services in a timely way, for example when people were referred 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 on-going care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital. We saw various minutes which confirmed multi-disciplinary team meetings took place on a regular basis and that care plans were routinely reviewed and updated.

Consent to care and treatment

Patients' consent to care and treatment was always sought 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, assessments of capacity to consent were also carried out in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment. The process for seeking consent was monitored through records audits to ensure it met the practice's responsibilities within legislation and followed relevant national guidance.

Are services effective?

(for example, treatment is effective)

Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service. There was also information regarding a substance misuse clinic operating from one of Lantern Health's other locations, which patients could attend.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 80%, comparable with the national average. Information about the benefits of the screening was given on the practice website. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. 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 and national averages. For

example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 70.3% to 90.3% and five year olds from 66.4% to 92.8%. Flu vaccination rates for the over 65s were 76%, and at risk groups 67.6%. These rates were above the national average.

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. The practice showed us data indicating that 93% of patients aged over 45 had received blood pressure checks. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

The practice's public health results for the 2013/14 QOF were 80.8%, being 14.8% below the CCG average and 13.8% below the national average. However, staff showed us data to confirm that for the 2014/15 QOF submission it had achieved 96%.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 19 patient CQC comment cards we received were generally positive about the service experienced, although two described the practice as "sometimes good, sometimes bad." One of those respondents said it depended on which GP they saw. Other patients commented that they felt the practice offered a good service and staff were helpful and caring and treated them with dignity and respect. We also spoke with four members of the patient participation group (PPG) on the day of our inspection and they were also positive in their comments about the service. Comments cards highlighted that staff responded compassionately when patients needed help and provided support when required.

Results from the national GP patient survey showed patients were happy with how they were treated, this being with compassion, dignity and respect. The practice's satisfaction scores on consultations with doctors and nurses was generally similar to the national average and slightly higher than the CCG average. For example:

- 88% said the GP was good at listening to them compared to the CCG average of 83% and national average of 89%.
- 79% said the GP gave them enough time compared to the CCG average of 79% and national average of 87%.
- 95% said they had confidence and trust in the last GP they saw compared to the CCG average of 92% and national average of 95%

- 85% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 77% and national average of 85%.
- 78% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 81% and national average of 90%.
- 84% patients said they found the receptionists at the practice helpful compared to the CCG average of 80% and national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients we spoke with told us that health issues were discussed with them and 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 comments cards we received was also positive and aligned with these views.

Results from the national GP patient survey we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. The results were in line with the national average and a little better than the local average. For example:

- 85% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 80% and national average of 86%.
- 78% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 74% and national average of 81%

A translation service was available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service. Double appointments were available when interpreters' services were being used.

Patient and carer support to cope emotionally with care and treatment

Notices in the waiting areas 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. There was a practice register of all people who

Are services caring?

were carers and 3% of the practice list had been identified as carers and were being supported, for example, by offering health checks and referral for social services support. Written information was available for carers to ensure they understood 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. Guidance on how to deal with bereavement, including procedures for obtaining a death certificate, registering the death and funeral arrangements were given on the practice website.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local CCG to plan services and to improve outcomes for patients in the area.

Services were planned and delivered to take into account the needs of different patient groups and to help provide and ensure flexibility, choice and continuity of care. For example;

- Appointments were available throughout the day from 8.00am to 6.30pm, allowing children to attend outside school hours and providing an opportunity for working patients to attend before or after work. In addition, there were extended hours appointments on three days a week up to 8.00pm. Appointments could be booked up to four weeks in advance.
- There were longer appointments available for people needing interpreters or those with a learning disability.
- Telephone consultations and home visits were available for older patients / patients who would benefit from them.
- Urgent access appointments were available for children and those with serious medical conditions.
- Patients could book appointments and order repeat prescriptions online, using the Patient Access system. The electronic prescribing service was used, allowing prescriptions to be sent to pharmacists using the clinical computer system.
- The building was new and fully compliant with disability access requirements. All the patients we spoke with were very positive about the new premises.

Access to the service

The practice's opening hours were 8.00am to 6.30pm Monday to Friday and appointments with doctors and nurses are available throughout the day. The practice offered extended hours appointments up to 8.00pm on Tuesday, Wednesday and Thursday. The practice had opted out of providing an out-of-hours service. When closed, calls were forwarded to the local out-of-hours service provider. Information regarding this was given on the practice website and the practice leaflet, together with details of the NHS 111 service. Patients could book

appointments and order repeat prescriptions online using the Patient Access system, and the practice had introduced a telephone triaging system to improve call management and ensure that appropriate appointments were made. Telephone consultations with clinical staff were also available.

Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment was comparable to local and national averages and people we spoke to on the day were able to get appointments when they needed them. For example:

- 71% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and national average of 75%.
- 80% patients said they could get through easily to the surgery by phone compared to the CCG average of 61% and national average of 73%.
- 70% patients described their experience of making an appointment as good compared to the CCG average of 65% and national average of 73%.
- 63% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 51% and national average of 65%.
- 27% with a preferred GP usually get to see or speak to that GP compared with a CCG average of 49% and a national average of 60%.

With regard to this last figure, two of the patients who completed comments cards also mentioned it was sometimes difficult to get to see their preferred GP. Staff told us that this was due to there being only two employed GPs at the practice, with long term locums being used. The practice had been attempting to recruit more GPs for some time, but had found it difficult. However, we saw that one new GP had recently been appointed and would shortly be starting work, and another was due to join in September 2015. This would assist in patients receiving continuity of care. Two other patients said in their comments cards that appointments could be arranged easily and quickly. Members of the PPG told us the appointments system had greatly improved.

The practice achieved 100% for the 2013/14 QOF results relating to Patient Experience and to Quality and Productivity. These subject areas were no longer being used for 2014/15.

Are services responsive to people's needs?

(for example, to feedback?)

Listening and learning from concerns and complaints

The practice had a 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, with posters displayed, a summary leaflet available and detailed information on the practice website. Guidance on escalating a complaint to the Health Service Ombudsman was provided. Patients we spoke with were aware of the process to follow if they wished to make a complaint, although none had had cause to use the system.

Lantern Health monitored complaints made regarding all three locations. We looked at the 20 complaints received in

the last 12 months and noted that only two related to Carpenters Practice. We found that the practice had handled the complaints appropriately, in a timely manner, with openness and transparency. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, when a patient's medication had been processed by a pharmacy other than the patient's chosen one, it was found that the prescription had been attached to another by mistake. Staff members were reminded of the need to be vigilant and check that prescriptions were collected by the patient's nominated pharmacy.

We saw that the practice routinely monitored reviews that had been posted by patients on the NHS Choices website and responded to them. The practice website invited patients to submit comments and suggestions.

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's aims and objectives were set out in its statement of purpose. These included –

- To provide high quality personalised care, treatment and support to our patients.
- To treat all patients as individuals and with respect and involve them in their treatment.
- To work in partnership with other agencies in the care of our patients.
- To continually audit and monitor the services.
- To involve all staff in decision making.

Staff we spoke with knew of the practice's aims and objectives and were wholly supportive of them. The practice had a robust strategy and supporting business plans which reflected the aims and objectives and were regularly monitored.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. Named staff members were responsible for specific clinical aspects, such as diabetes care, infection control and safeguarding.
- Practice specific policies were implemented and were available to all staff. The practice's computer system recorded when staff members accessed policies, allowing managers to monitor that staff were up to date with them. For example, when the policies had been reviewed and updated.
- A comprehensive understanding of the performance of the practice and systems for monitoring performance.
- A programme of continuous clinical and internal audit which is used to monitor quality and to make improvements.

- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership, openness and transparency

The GPs and managers in the practice have the experience, capacity and capability to run the practice and ensure high quality care. They prioritise safe, high quality and compassionate care. Staff told us that managers were approachable and always took the time to listen to them. The GPs and managers encouraged a culture of openness and honesty.

Some staff had transferred from the previous provider when Lantern Health took over the practice. There had been some issues with poor morale, but staff we spoke with said these had been dealt with appropriately. Staff were committed to their work and happy in their role. They told us that regular team meetings were held. Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and were confident in doing so and felt supported if they did. Staff said they felt respected, valued and supported, particularly by the regular GPs in the practice. All staff were involved in discussions about how to run and develop the practice, and the managers encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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. We saw that the results of an audit done by the practice of the standard of care of hepatitis patients was discussed and shared with the CCG so that learning could be passed on to other practices.

Seeking and acting on feedback from patients, the public and staff

The practice encouraged and valued feedback from patients, proactively gaining patients' feedback and engaging patients in the delivery of the service. It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG of 12 members which met on a regular basis. Information regarding the PPG was set out on the practice website and in the practice leaflet. The practice was inviting new

Are services well-led?

Good 

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

patients to join the PPG to increase its numbers. We spoke with four members of the PPG and they were all positive regarding the practice, saying that performance had improved all round since the practice had been taken over by Lantern Health and particularly recently, with the appointment of new staff and the move to new premises. Practice staff worked well with the PPG. We saw that the appointments system had been the main concern highlighted by the PPG and that the practice had taken action to address this. For example, by introducing a triaging system, telephone consultations, making the Patient Access system available for online booking and generally by providing clear information regarding the appointments process.

The practice encouraged patients to submit comments via its website. It also routinely monitored the comments left by patients on the NHS Choices website and responded to them appropriately.

The practice had also gathered feedback from staff through staff meetings, appraisals and 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.