

R Isaacson - The 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	Requires improvement	
Are services safe?	Requires improvement	
Are services effective?	Requires improvement	
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 R Isaacson – The Surgery on 18 August 2015. Overall the practice is rated as requires improvement.

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, with the exception of those relating to medical emergencies.
- Data showed patient outcomes overall were average for the locality. Services were being developed to improve outcomes in certain areas where necessary, for example for patients with diabetes, however completed clinical audit cycles were not being used to drive improvement in performance to improve patient outcomes.

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Urgent appointments were usually available on the day they were requested.
- The practice had a number of policies, procedures and protocols to govern activity and most of these had been reviewed and updated in recent months. There were regular practice meetings to involve all staff in the operation of the practice.
- The practice had proactively sought feedback from staff and patients.

The areas where the provider must make improvements are:

- Ensure medical oxygen is available for management of medical emergencies.

In addition the provider should:

- Review the arrangements for keeping prescription pads and forms secure and accounted for.

Summary of findings

- Monitor systems and quality to identify where improvements can be made through completed clinical audit cycles.
- Consider formalising its complaints policy in writing and making written information about how to make a complaint available to patients.

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.

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 requires improvement for providing safe services as there are areas where it should make improvements. Staff understood their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and shared to support improvement. Most risks to patients who used services were assessed and systems and processes to address these risks were implemented well enough to ensure patients were kept safe. However, the practice did not have medical oxygen available for medical emergencies.

Requires improvement



Are services effective?

The practice is rated as requires improvement for providing effective services, as there are areas where improvements should be made. Staff referred to guidance from the National Institute for Health and Care Excellence (NICE) 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 other health and social care professionals and services. Data showed patient outcomes were low for the locality in a few areas however, and there was no evidence of completed clinical audit cycles driving improvement in performance to improve patient outcomes.

Requires improvement



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 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. Patients said they found it reasonably easy to make an appointment with a named GP and that there was continuity of care, with urgent

Good



Summary of findings

appointments available the same day. The practice had adequate facilities and was well equipped to treat patients and meet their needs. The practice had not received any complaints in the 12 months prior to our inspection, however the practice responded quickly to issues raised in patient reviews left on the NHS Choices website where possible.

Are services well-led?

The practice is rated as good for being well-led. This was a time for consolidation and reflection for the provider partnership following the closure of one of its two practices and the retirement of one of the partners, who up to then had been the main partner, earlier in 2015. The practice had clear aims and objectives and staff were clear about their responsibilities in relation to them. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies, procedures and protocols to govern activity and held regular practice meetings. The practice proactively sought feedback from staff and patients, which it acted on. It had a patient participation group (PPG) that it used as a consultative group. Staff had received inductions, regular performance reviews and attended staff meetings and external training 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 provider was rated as requires improvement for safe and for effective. The concerns which led to these ratings apply to everyone using the practice, including this population group.

Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered personalised care to meet the needs of older people amongst its registered patients. It was responsive to the needs of older people, and offered home visits and rapid access appointments for those who needed them.

Requires improvement



People with long term conditions

The provider was rated as requires improvement for safe and for effective. The concerns which led to these ratings apply to everyone using the practice, including this population group.

The practice was taking action to improve outcomes where necessary, for example for patients with diabetes. Longer appointments and home visits were available when needed. Patients with long term conditions had a named GP and most had a structured annual review to check that their health and medication needs were being met.

Requires improvement



Families, children and young people

The provider was rated as requires improvement for safe and for effective. The concerns which led to these ratings apply to everyone using the practice, including this population group.

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. Appointments were available outside of school hours and the premises were suitable for children and babies. The practice liaised with other professionals as necessary, for example health visitors and social workers, the youth support counselling service, and child and adolescent mental health services (CAMHS).

Requires improvement



Working age people (including those recently retired and students)

The provider was rated as requires improvement for safe and for effective. The concerns which led to these ratings apply to everyone using the practice, including this population group.

Requires improvement



Summary of findings

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 offered online services, including appointment booking and repeat prescriptions, and a full range of health promotion and screening that reflected the needs of this age group.

People whose circumstances may make them vulnerable

The provider was rated as requires improvement for safe and for effective. The concerns which led to these ratings apply to everyone using the practice, including this population group.

The practice held a register of patients living in vulnerable circumstances for example those with a learning disability. It used these registers to try to ensure people received treatment and care appropriate to them, including health checks and regular reviews. Annual health reviews for people with a learning disability were not carried out by the practice but by another specialist service. Longer appointments were available for those who needed them. The practice 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.

Requires improvement



People experiencing poor mental health (including people with dementia)

The provider was rated as requires improvement for safe and for effective. The concerns which led to these ratings apply to everyone using the practice, including this population group.

People experiencing poor mental health (including people with dementia) received regular reviews and care plans were in place as necessary. The practice worked with multi-disciplinary teams in case management. The practice told patients experiencing poor mental health about how to access various support groups and voluntary organisations. It had a system in place that alerted it to patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health.

Requires improvement



Summary of findings

What people who use the service say

The national GP patient survey results published on 02 July 2015 showed the practice was performing well compared with local and national averages. There were 115 responses out of a total 329 surveys sent out, giving a completion rate of 35%.

- 72% find it easy to get through to this surgery by phone compared with a CCG average of 63% and a national average of 73%.
- 89% find the receptionists at this surgery helpful compared with a CCG average of 83% and a national average of 87%.
- 76% with a preferred GP usually get to see or speak to that GP compared with a CCG average of 56% and a national average of 60%.
- 84% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 82% and a national average of 85%.
- 93% say the last appointment they got was convenient compared with a CCG average of 90% and a national average of 92%.
- 80% describe their experience of making an appointment as good compared with a CCG average of 68% and a national average of 73%.
- 61% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 57% and a national average of 65%.

- 68% feel they do not normally have to wait too long to be seen compared with a CCG average of 50% and a national average of 58%.

As part of our inspection we asked for CQC comment cards to be completed by patients in the two weeks prior to our inspection. We received 19 comment cards, almost all of which were positive about the experience of the practice. These patients said they were treated very well and that they received the care and attention they needed. One patient expressed dissatisfaction with the appointment system, however, and another said they sometimes felt they were not always listened to fully.

We spoke with 11 patients on the day of our inspection. They all rated their experience of the practice as positive overall. Patients said they got an appointment when they needed, one although a few patients felt that waiting more than a week to be seen was not very satisfactory. They told us they were seen on time and commended the reception staff as well as the GPs and other clinical staff. A few patients told us it was difficult to get through to the practice because the lines were busy in the morning and the practice was closed during the lunch period. None was aware of the procedure for making a complaint, however they had not had occasion to make a complaint.

R Isaacson - The Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team also included a GP Specialist Advisor and an Expert by Experience, who is someone who has received care and experienced treatment from a similar service. Specialist Advisors and Expert by Experience are granted the same authority to enter the registered persons' premises as the CQC inspectors.

Background to R Isaacson - The Surgery

R Isaacson – The Surgery is located in Muswell Hill, in North London. It is situated in the London Borough of Barnet, close to the boundary with the London Borough of Haringey and has patients living in both boroughs. It is one of the 66 member GP practices of Barnet Clinical Commissioning Group.

The practice's registered patient list went up from approximately 6,000 to 8,000 earlier this year when the partnership closed its other practice which was located in East Finchley. Most of the patients at that practice opted to stay with the partnership. Also, one of the partners, up to then the main partner, retired from the partnership earlier this year. The partnership is in the process of amending its registration with CQC to reflect these changes.

Services are provided by the partnership under a General Medical Services (GMS) contract with NHS England.

The practice's opening hours meet contractual requirements and are:

- Monday – 8.00am to 7.45pm (extended opening hours)

- Tuesday to Friday – 8.00am to 6.30pm

Clinical services are provided by two GP partners, one male and one female, two female practice nurses and a female healthcare assistant. Non clinical staff included a practice manager, assistant practice manager and a team of secretarial, administrative and reception staff.

In the 2011 census

- The population of Muswell Hill was made up of approximately 52% females and 48% males, and the average age was 38 years.
- 69.8% of people living in Muswell Hill were born in England. Other top answers for country of birth were 2.1% Scotland, 2.0% Ireland, 1.7% United States, 1.3% Australia, 1.3% Wales, 1.2% South Africa, 0.8% South America, 0.7% India, 0.7% Northern Ireland.
- 89.0% of people living in Muswell Hill speak English. The other top languages spoken are 1.0% Turkish, 0.9% Polish, 0.8% Spanish, 0.8% French, 0.7% Greek, 0.7% Italian, 0.7% German, 0.4% and Japanese, 0.3% Portuguese.
- The religious make up of Muswell Hill is 39.5% Christian, 39.3% No religion, 5.3% Jewish, 3.0% Muslim, 0.9% Buddhist, 0.7% Hindu, 0.3% Sikh, 0.2% Agnostic.

The practice is in the fifth less deprived decile of areas in England.

Patients are cared for by an external out of hours GP service when R Isaacson – The Surgery is closed.

R Isaacson – The Surgery is registered with the Care Quality Commission to carry on the following regulated activities at R Isaacson – The Surgery, 192 Colney Hatch Lane, Muswell Hill, London N10 1ET: Treatment of disease, disorder or injury; Diagnostic and screening procedures; Maternity and midwifery services.

Detailed findings

Why we carried out this inspection

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

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

This was the first time we have inspected this service.

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 18 August 2015. During our visit we spoke with a range of staff including a GP, practice nurse and healthcare assistant, the practice manager and assistant practice manager, and members of the administration and reception team. We spoke with patients who used the service. We observed how people were being cared for and talked with carers and / or family members and reviewed the treatment records of patients. We reviewed comment cards where patients shared their views and experiences of the service with us.

Are services safe?

Our findings

Safe track record and learning

There had been two significant event reviews within the 12 months prior to our inspection. The way in which these events had been handled demonstrated the practice had an open and transparent approach and that a system was in place for reporting and recording significant events. Significant event records and minutes of staff meetings showed remedial action was taken and events were discussed and analysed by the whole practice to share learning. Action was taken to improve safety in the practice, for example the practice had added extra checks to the system for alerting GPs that a request had been made for a home visit after a patient's request had been missed. The patient received an apology.

Staff told us they would inform the practice manager of any incidents and their concerns would be written down. They said us they would report concerns without hesitation because the practice would work together to improve the service. They were aware of their duty to raise a concern about a danger, risk, malpractice or wrongdoing which affects others (whistleblowing).

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance. A system was in place for this information to come into the practice and be disseminated to and acted on by the relevant staff. For example patients were no longer prescribed rosiglitazone, which is a diabetes drug, in line with the Medicines and Healthcare products Regulatory Agency (MHRA) recommendation. The GPs had reviewed the patients using this medicine and instituted an alternative drug for controlling blood sugar.

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 to safeguard adults and children from abuse that reflected relevant legislation and local requirements. Protecting children and young people and vulnerable adults 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. In the first instance this was the practice's lead

for safeguarding, who was one of the GP partners. Staff demonstrated they understood their responsibilities and all had received training relevant to their role: all clinical staff had received Level 3 child protection training.

- Chaperones were available for the benefit of both patients and staff. Posters in each of the consulting rooms told patients about this. All staff were trained for the role and had received 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.
- Procedures were in place for monitoring and managing risks to patient and staff safety. The practice manager was the designated Health and Safety representative. The practice had an up to date fire risk assessment and staff carried out regular fire drills. All electrical equipment was checked every three years to ensure the equipment was safe to use and clinical equipment was checked annually to ensure it was working properly. 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, infection control and legionella. In February 2015 it had commissioned a review of its premises and records archive arrangements, and as a result of this review had installed new storage cabinets to make accessing archived records easier and safer for staff.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. One of the practice nurses was the infection control lead. There was an infection control policy and protocols were in place to provide guidance and instruction to staff, for example handwashing, spillages and needlestick injury. All staff had received infection control training within the 12 months prior to the inspection. The practice nurse completed an annual infection control audit. The audit completed on 20 April 2015 identified no shortfalls in the practice's infection prevention and control arrangements. Modifications had been made to the premises, for example to the taps and flooring in patient areas, to bring them in line with Department of Health guidelines on infection control in the built environment.

Are services safe?

- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). We saw that the practice reviewed patients' treatment in response to NICE guidelines and feedback from the Clinical Commissioning Group (CCG), for example the long-term use of hypnotic drugs and the prescribing of certain broad spectrum antibiotics (Cephalosporins and Quinolones). Prescription forms for use in printers were kept securely in locked offices. We found a pad of individualised forms belonging to a GP partner who had retired and was working some locum sessions in the practice. The practice manager confirmed that the pad should not be in use, and that prescriptions issued by all locum GPs should be computer generated and bear the name of the responsible GP principal. The practice manager removed the pad and confirmed to us that they would destroy any others.
- Recruitment checks were carried out and the files we reviewed 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. The practice could usually rely on one or two GPs known to it to provide locum cover. However, it had recently had to use agency locums. The agencies provided assurance that their GPs were checked and verified.
- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs. There was a new rota system in place for all the different staffing groups to ensure that enough staff were on duty. The practice had recently put in place a new appointment system following the closure of the provider's second practice offering extended opening hours and more appointment slots throughout the week, and the practice manager was keeping the staff rota under review.

Arrangements to deal with emergencies and major incidents

All staff had received basic life support training within the 12 months prior to the inspection and there were emergency medicines available in the treatment room. The practice had two defibrillators available on the premises, however there was no oxygen. Oxygen is considered essential in dealing with certain medical emergencies, such as acute exacerbation of asthma and other causes of hypoxaemia. We discussed this with one of the GP partners who said they would reflect on the practice's position on medical oxygen. 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 business continuity plan in place for major incidents such loss of utilities or the IT system. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment in line 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 ensure all clinical staff were kept up to date. 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 checks of patient records and patient reviews.

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. In 2013/14 the practice achieved 86.4% of the total number of points available, with a 2.4% clinical exception rate. The average result for Barnet Clinical Commissioning Group (CCG) was 93.9% with a 6.1% clinical exception rate. For England as a whole, the average result was 93.5% with a 7.9 clinical exception rate.

Data from 01/04/2013 to 31/03/2014 showed:

- Performance for diabetes related indicators was worse than the national average in the following areas:
 - The percentage of patients in whom the last IFCC-HbA1c was 64 mmol/mol or less in the preceding 12 months: 54.08% compared with 77.72%.
 - The percentage of patients who had a record of an albumin:creatinine ratio test in the preceding 12 months: 59.00% compared with 85.94%.
 - The percentage of patients who had influenza immunisation in the preceding 01 September to 31 March: 70.98% compared with 93.46%.
 - The percentage of patients whose last measured total cholesterol (measured within the preceding 12 months) was 5mmol/l or less: 54.17% compared with 81.60%.

- The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding nine months was 150/90mmHg or less was similar to the national average: 79.14% compared with 81.88%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months was similar to the national average: 96.92% compared with 86.04%
- The percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was similar to the nation average: 93.46% compared with 95.28%.

The practice was developing strategies to improve patient outcomes where needed, for example for patients with diabetes, by maximising the benefit of having all clinical and non clinical staff on one site, developing practice nurse lead roles for asthma, diabetes and chronic obstructive pulmonary disease (COPD), and customising the electronic patient record system so that it supported the way the practice worked better. However, the practice had not completed any clinical audit cycles that would demonstrate changes to the way services were being delivered had led to improved patient outcomes.

Effective staffing

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

- For new GPs working at the practice there was a GP's Induction Pack explaining how the practice worked, and a Locum Pack containing useful materials for example referral forms. Records showed other staff too had completed induction appropriate to their role.
- The learning needs of staff were identified through an appraisal system that was tied in with the scope of their work and the development needs of the practice following the consolidation of all staff on the single practice site. Staff had access to appropriate training to meet their learning and continuing professional development needs. This included ongoing support during clinical and practice meetings; CCG level meetings, for example the practice managers forum, practice nurses forum and the GP peer review group;

Are services effective?

(for example, treatment is effective)

and in-house training courses. Clinical staff were supported to maintain their professional registration. All staff had had an appraisal within the 12 months prior to our inspection.

- Staff received training that included: safeguarding, chaperone, fire safety, basic life support, infection control and information governance.
- One of the practice nurses had protected time for non direct patient duties, for example infection control, reviewing clinical protocols and service and professional development.

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. All relevant information was shared with other services in a timely way, for example when people were referred to other services. Information about patients receiving end-of-life care was shared appropriately with the out of hours service.

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, for example when they were referred to, or after they were discharged from hospital.

Consent to care and treatment

Patients' consent to care and treatment was 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 and Gillick competence. 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, together with the patient's relative or carer, made a decision in the best interests of the patient.

Health promotion and prevention

Patients who may be in need of extra support were identified by the practice, for example patients in the last 12 months of their lives, carers and those requiring advice on their diet. Patients were signposted to relevant services where necessary.

The practice's uptake for the cervical screening programme was 71.42%, which was below the national average of 81.88%. This was despite the practice sending reminder letters. The practice acted on feedback from the local hospital and both nurses had attended cervical screening update training to reduce inadequate smears to a minimum. The practice encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates were comparable to CCG averages. For example immunisation rates for the vaccinations given to babies in the 12 months age group ranged from 83.9% to 90.8%. For the CCG as a whole, the range was 78.1% to 80.6%.

Seasonal flu vaccination rates were comparable with national averages. For people aged 65 years and older the rate was 64.57%, and it was 41.32% for other patients in the at risk groups. Nationally these rates were 73.24% and 52.29% 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 on the outcomes of health assessments and checks were made when abnormalities or risk factors were identified.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff treated patients in a dignified, compassionate and respectful way. They were courteous and helpful to patients both attending the practice and on the telephone.

Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. Consultation and treatment room doors were kept closed during consultations and conversations taking place in these rooms could not be overheard. Reception staff knew that when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. Information for patients about this facility was on display in the reception area.

Results from the national GP patient survey showed patients were listened to and treated with care and concern, and the practice compared well with local and national averages. For example:

- 93% said the GP was good at listening to them compared to the CCG average of 87% and national average of 89%.
- 92% said the GP gave them enough time compared to the CCG average of 84% and national average of 87%.
- 96% said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and national average of 95%.
- 90% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 83% and national average of 85%.
- 95% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 86% and national average of 90%.

- 89% said they found the receptionists at the practice helpful compared to the CCG average of 83% and national average of 87%.

Care planning and involvement in decisions about care and treatment

The 11 patients we spoke with during our inspection trusted and valued the care they received from their GP, although one patient felt the GP made assumptions about their health and did not always listen to them well enough.

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, and results were in line with local and national averages. For example:

- 87% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and national average of 86%.
- 88% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 79% and national average of 81%.

Staff told us that translation services were available for patients who required them.

Patient and carer support to cope emotionally with care and treatment

There was little information in the patient waiting room telling patients about local support groups and organisations because of lack of space, however we saw that GPs had this information to hand to give to patients, for example the contact details for the local bereavement counselling service.

The practice's computer system could alert GPs if a patient was also a carer. The practice recognised that carers had their own support needs. For example, a volunteer from the local carers group attended the practice every other week to reach out to carers and offer them information, advice and support.

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. For example, the practice had extended its opening hours on Mondays and increased the number of appointments available throughout the week.

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

- The practice offered a weekly blood clinic so that elderly patients in particular could have blood samples taken at the practice instead of the hospital if this was more convenient for them.
- There were longer appointments available for those who needed them, for example people with a learning disability or using an interpreter.
- Patients with a learning disability were seen with their carers after surgery hours when the practice was quiet and less distressing for them.
- Home visits were available for patients who would otherwise be unable to access care from their GP.
- Urgent access appointments were made available for children, older people and pregnant women as well as those with serious medical conditions.
- Telephone consultations were available for patients whose needs could be met more conveniently without a face to face visit with the GP.
- The premises had been modified so that they were accessible for a person using a wheelchair and there was a hearing loop.
- Translation services were available.

Access to the service

The practice's opening times were 8.00am - 1.00pm and 2.00pm - 6.30pm Monday to Friday. The practice also opened 6.30pm-7.45pm on Monday evenings. Patients were advised to phone the practice at 8.00am if they needed to be seen urgently, and to phone after 8.30am to book a routine appointment, up to two weeks in advance. Patients could also book appointments on line. The

practice manager told us the appointment system was working well, but that they would continue to monitor the system into the winter months to ensure the practice continued to be able to meet demand when it was busier.

Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment compared well with local and national averages, for example:

- 67% of patients were satisfied with the practice's opening hours compared to the CCG average of 69% and national average of 75%.
- 72% patients said they could get through easily to the surgery by phone compared to the CCG average of 63% and national average of 73%.
- 80% patients described their experience of making an appointment as good compared to the CCG average of 68% and national average of 73%.
- 61% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 57% and national average of 65%.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns although there was no written complaints policy or specific patient information leaflet. The practice leaflet assured patients the practice operated a complaints procedure as part of the NHS system for dealing with complaints and that its systems met national criteria. The designated person for dealing with complaints was the practice manager and this information was also included in the practice leaflet.

The practice had not received any complaints in the 12 months prior to our inspection other than the negative reviews left anonymously on the NHS Choices website. We saw that where possible the practice was addressing the issues raised in these reviews. The practice was providing communication training for reception staff to improve the quality of care, because some of the reviews indicated patients had not been treated well by reception staff. The practice manager told us that they invited people leaving negative reviews to contact them, so that their complaint could be investigated properly, however none had come forward.

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 aimed to provide high quality, safe and effective services to all patients. Its objectives included:

- Be committed to our patients needs
- To treat all patients and staff with dignity, respect and honesty
- To act with integrity and confidentiality
- Continue to improve our health care services through monitoring and auditing
- Maintain high quality of care by keeping training up to date
- To work in partnership with our patients, their families and carers to provide a positive experience and understanding, involving them in decision making with regards to their treatment and care

The aims and objectives were set out in the provider's Statement of Purpose and staff were aware of their roles and responsibilities in respect of the aims and objectives.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of good quality care and included policies, procedures, operational and clinical protocols, and regular staff meetings that ensured that:

- Staff were aware of their own roles and responsibilities and there was a clear accountability structure in place to support them
- There was clear guidance and instruction readily available to staff to ensure the practice ran smoothly and efficiently.
- Staff were involved in developing the service to improve outcomes for patients, particularly for those with some long term conditions.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions

Leadership, openness and transparency

The partners in the practice prioritised safe, high quality and compassionate care. They were visible in the practice and staff told us that they, and the practice manager, were

approachable and supportive. The partners and the practice manager encouraged a culture of openness and honesty. Staff told us the practice was a happy place to work. They said they would feel comfortable raising concerns and that they were involved in helping to make the service better. Minutes of the monthly practice meetings showed the whole staff group had discussed when things went wrong and how systems could be improved.

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 surveys, for example about the closure of the partnership's second practice. There was a patient participation group (PPG) of seven patients that acted as a consultative group for the practice's ideas and proposals. The practice communicated with the PPG by email and was hoping to increase its membership. There was an invitation to join the PPG in the reception area.

The practice gathered feedback from staff through the monthly practice meetings, appraisal and discussion. For example, minutes of the monthly practice meetings showed the whole staff group had been involved in choosing a new name for the practice since one of the partners had retired.

Innovation

This was a period of consolidation and reflection for the practice following the retirement earlier in 2015 of one of the partners who had up to then been the main partner, the closure of a second practice from which the partnership had also provided GP services, and the introduction of extended opening hours and a new appointment system. The practice was monitoring its new arrangements and how responsive they were to the increased practice list size and how well they were meeting the needs of patients, before deciding on any further changes. One of its priorities was to improve outcomes for patients with some long term conditions.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Treatment of disease, disorder or injury	<p>Regulation 9 HSCA (RA) Regulations 2014 Person-centred care</p> <p>Care had not been designed to meet patients' needs in medical emergencies. The practice did not have medical oxygen available. Regulation 9.-(3)(b)</p>