

# St Johns Wood Medical Practice

## Quality Report

Hospital of St John & St Elizabeth,  
Brampton House,  
60 Grove End Road,  
St Johns Wood,  
London,  
NW8 9NH  
Tel: 020 3657 9449  
Website: [www.stjohnswood.nhs.uk](http://www.stjohnswood.nhs.uk)

Date of inspection visit: 3 August 2017  
Date of publication: 04/10/2017

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

### Ratings

#### Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Summary of findings

## Contents

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	11
Areas for improvement	11

### Detailed findings from this inspection

Our inspection team	12
Background to St Johns Wood Medical Practice	12
Why we carried out this inspection	12
How we carried out this inspection	12
Detailed findings	14

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at St Johns Wood Medical Practice on 25 November 2014. The overall rating for the practice was good, however the rating for providing safe services was requires improvement. The full comprehensive report on the November 2014 inspection can be found by selecting the 'all reports' link for St Johns Wood Medical Practice on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was undertaken to check the provider had taken the action we said they must and should take and was an announced comprehensive inspection on 3 August 2017. Overall the practice is still rated as good and the rating for providing safe services has improved from requires improvement to good.

Our key findings were as follows:

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events. The practice had taken the action we said it should take at our November 2014

inspection to record in the minutes of governance meetings evidence of discussion of and the communication of lessons learned from, significant events and complaints.

- The practice now had clearly defined and embedded systems to minimise risks to patient safety. It had taken the action we said it should take at our November 2014 inspection in relation to medicines management. However, we identified some shortcomings in the arrangements for vaccine stock management and prescription security.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment. The practice had taken the action we said it must take at our November 2014 inspection to address gaps in training and appraisal and ensure staff training records were fully completed.
- Results from the national GP patient survey showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.

# Summary of findings

- Information about services and how to complain was available and improvements were made to the quality of care as a result of complaints and concerns.
- Patients we spoke with said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had adequate facilities and equipment to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.
- Appropriate governance arrangements were in place and the practice had taken the action we said it should take at our November 2014 inspection to review all practice policies and procedures, including the practice's business continuity plan, to ensure they remain up to date and relevant.

However, there were also areas of practice where the provider needs to make improvements.

The provider should:

- Ensure a record is kept of serial numbers of batch numbers of prescriptions, to secure full monitoring of their use; and ensure prescriptions left in printers are appropriately secured.
- Raise staff awareness of the practice's infection control policy.
- Continue with efforts to improve uptake of childhood immunisations in relation to national targets.
- Improve staff understanding of practice values and ensure consistency in the documentation of the mission statement.
- Consider how best to ensure staff were aware of and understood updated practice policies.

**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.

- From the sample of documented examples we reviewed, we found there was an effective system for reporting and recording significant events; lessons were shared to make sure action was taken to improve safety in the practice. When things went wrong patients were informed as soon as practicable, received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices to minimise risks to patient safety.
- There was an infection control policy but not all staff were fully aware of this.
- There were appropriate arrangements in place for the management of medicines, although prescription security and the stock management of vaccines needed strengthening.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had adequate arrangements to respond to emergencies and major incidents.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average compared to the national average.
- Staff were aware of current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- End of life care was coordinated with other services involved.

Good



### Are services caring?

The practice is rated as good for providing caring services.

Good



# Summary of findings

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Survey information we reviewed showed that 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 accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice understood its population profile and had used this understanding to meet the needs of its population. For example, patients had access to cognitive behaviour therapy (CBT) and counselling, dermatology and Musculoskeletal (MSK) physiotherapy services based at the practice.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- Patients we spoke with said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and evidence from 12 examples reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



## Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it, although some staff were not fully aware of the practice values and there was some inconsistency in the documentation relating to the practice's mission statement.
- There was a clear leadership structure and staff felt supported by management. The practice had policies and procedures to govern activity and held regular governance meetings.
- An overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.

Good



# Summary of findings

- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- The provider was aware of the requirements of the duty of candour. In four examples we reviewed we saw evidence the practice complied with these requirements.
- The partners encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged with the patient participation group.
- There was a focus on continuous learning and improvement at all levels. Staff training was a priority and was built into staff rotas.
- GPs who were skilled in specialist areas used their expertise to offer additional services to patients.

# 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.

- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population. Each patient over 75 had a named GP.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.
- Older patients had care plans, based on frailty index stratification which were actively added to and changed as circumstances change. The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- The practice ensured those over 75 on the frailty index were in contact with their GP, the care navigator, and community matron backed up by the district nursing team according to their clinical or social needs.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible.

Good



### People with long term conditions

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

- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.
- QOF performance for diabetes related indicators was above the CCG and the same as national averages: 90% compared to 80% and 90% respectively.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.

Good



# Summary of findings

- All these patients had a named GP and there was a system to recall patients for a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- Longer appointments were made when patients required them or asked for them.
- The practice had bespoke Asthma plans and Diabetic plans for patients with these conditions.

## Families, children and young people

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

- There were systems 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 accident and emergency (A&E) attendances or who did not attend for GP and hospital appointments.
- All staff were trained in child protection at the appropriate levels.
- Immunisation uptake rates for the standard childhood immunisations were below national targets based on the latest published data. The practice recognised improving immunisation performance was a challenge and were seeking to meet this. They were actively following up with families in an attempt to increase uptake.
- Children and young people were treated in an age-appropriate way and were recognised as individuals.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked with midwives, health visitors and school nurses to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics.
- The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications.

Good



## 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 these populations had been identified and the practice had adjusted the services it offered to ensure these

Good





# Summary of findings

were accessible, flexible and offered continuity of care, for example, nursing and healthcare assistant appointments commencing at 8am and first GP appointments at 8.20am, with a spread of appointments until 6.00pm and weekend GP appointment availability at a neighbouring practice.

- Telephone advice was available throughout the day by the doctors and nurses and the practice strived to ensure that this was at times that suit its working population.
- About 2% of the practice population were 'out of area' patients.
- 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.

## 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 families and children at potential risks, those with a learning disability and serious mental health conditions.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- Patients with learning difficulties were offered longer appointments and were routinely recalled to check their physical health, acquaint them with any health promotion from which they would benefit and to check changes in their social circumstances.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They 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.
- A frailty index code was used on the practice's computer system for vulnerable adults linked to care plans.
- There was a fail-safe system to follow up with patients who cancelled appointments.

Good



# Summary of findings

## People experiencing poor mental health (including people with dementia)

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

- The practice carried out advance care planning for patients living with dementia.
- 85% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the national average.
- The practice specifically considered the physical health needs of patients with poor mental health and dementia.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- QOF performance for mental health related indicators was above the CCG and just below national averages: 92% compared to 85% and 93% respectively.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- Patients at risk of dementia were identified and offered an assessment.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and dementia. All staff had been trained on the Mental Capacity Act, Deprivation of Liberty and informed consent.

Good



# Summary of findings

## What people who use the service say

The national GP patient survey results were published in July 2017. The results showed the practice was performing in line with and often above local and national averages. Of 376 survey forms distributed, 112 were returned. This represented just below 1% of the practice's patient list.

- 94% of patients described the overall experience of this GP practice as good compared with the CCG average of 79% and the national average of 85%.
- 86% of patients described their experience of making an appointment as good compared with the CCG average of 71% and the national average of 73%.
- 95% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 77%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 29 comment cards which were mostly positive about the standard of care received. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with seven patients during the inspection. All seven patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. In the most recent results from the NHS friends and families test, 98% of 312 respondents said they were extremely likely or likely to recommend the practice to friends and family.

## Areas for improvement

### Action the service SHOULD take to improve

- Ensure a record is kept of serial numbers of batch numbers of prescriptions, to secure full monitoring of their use; and ensure prescriptions left in printers are appropriately secured.
- Raise staff awareness of the practice's infection control policy.
- Continue with efforts to improve uptake of childhood immunisations in relation to national targets.
- Improve staff understanding of practice values and ensure consistency in the documentation of the mission statement.
- Consider how best to ensure staff were aware of and understood updated practice policies.

# St Johns Wood Medical Practice

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to St Johns Wood Medical Practice

St Johns Wood Medical Practice provides primary medical services through a General Medical Services (GMS) contract to around 16,000 patients in the St Johns Wood, Primrose Hill, Maida Vale areas of North West London. The practice has an open list, increasing by net around 1000 per annum due to the closure of a local practice. The patient population includes a cross-section of socio-economic and ethnic groups. There is a spread of age groups served by the practice of which about 8% are children under 5, 14% patients over 65, 7% over 75 and 2.5% over 85.

The practice is based within The Hospital of St John & St Elizabeth in St Johns Wood and has access to services at the site including cleaners, porters, maintenance and St Johns Hospice.

The practice team is made up of seven GP partners (four male and three female), a locum GP (female), three part-time nurses (female), two health care assistants (one male, one female), the practice manager, reception manager, administration manager and a team of administrative and reception staff.

The practice is open between 8am to 6.30pm Monday to Friday. On Thursday the practice closes between 1pm and 1.45pm. Appointments are from 8.20am to 6pm daily except when closed on Thursday between 1pm to 1.45pm. There is weekend GP appointment availability at a neighbouring practice.

The practice had out-of-hours (OOH) arrangements in place with an external provider. Patients could also visit a neighbouring practice in Maida Vale at weekends. They were advised that they could also call the 111 service for healthcare advice.

The practice is registered to carry on the following regulated activities:

- Diagnostic and screening procedures
- Family planning
- Maternity and midwifery services
- Surgical procedures
- Treatment of disease, disorder or injury

## Why we carried out this inspection

We undertook a comprehensive inspection of St Johns Wood Medical Practice on 25 November 2014 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as good overall but requires improvement for providing safe services.

# Detailed findings

We also issued requirement notices to the provider in respect of safe care and treatment. The full comprehensive report on the November 2014 inspection can be found by selecting the 'all reports' link for St Johns Wood Medical Practice on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We undertook a further announced comprehensive inspection of St Johns Wood Medical Practice on 3 August 2017. This inspection was carried out to ensure improvements had been made.

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 3 August 2017.

During our visit we:

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

- Visited all practice locations
- Looked at information the practice used to deliver care and treatment plans.

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

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

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

- older people
- people with long-term conditions
- families, children and young people
- working age people (including those recently retired and students)
- people whose circumstances may make them vulnerable
- people experiencing poor mental health (including people with dementia).

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

# Are services safe?

## Our findings

At our previous inspection on 25 November 2014, we rated the practice as requires improvement for providing safe services as the arrangements in respect of managing significant events and incidents, training in safeguarding, vaccine management and storage, the management of patients prescribed high risk medicines and staff pre-employment checks were not adequate.

There had been improvements in these arrangements when we undertook a follow up inspection on 3 August 2017. Some deficiencies remained in vaccine management and we identified potential risks in prescription security. However, in the light of improvements made the practice is now rated as good for providing safe services.

### Safe track record and learning

There was a system for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- From the sample of four documented examples we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- At our inspection of 25 November 2014, we said the practice should take action to ensure evidence of discussion of significant events and the communication of lessons learned from them is recorded in the minutes of practice governance meetings. At our latest inspection we found the practice had taken this action. We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. The practice carried out a thorough analysis of the significant events.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For

example, following an immunisation error due to incorrect information held on the clinical the recording and checking processes were strengthened, staff retraining was provided and staff were reminded of the importance of accuracy with inputting information into records.

- The practice also monitored trends in significant events and evaluated any action taken.

### Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible or provided reports where necessary for other agencies.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. The practice had taken action we said it should take at our November 2014 inspection to address gaps in this training for some staff. GPs and the practice manager were trained to child protection or child safeguarding level 3, nurses level 2 and administrative staff level 1. In response to our November 2014 inspection a notice in the waiting room and in consultation rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place.
- One the GP partners was the infection prevention and control (IPC) clinical lead who liaised with the local

## Are services safe?

infection prevention teams to keep up to date with best practice. The practice also had access to the host provider's infection nurse who visited the practice to review ad hoc infection control issues and provide advice on infection control policy. There was an IPC policy and staff had received up to date training. However, not all staff we spoke with were aware of the policy. Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice were intended to minimise risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- There were processes for handling repeat prescriptions. In response to action we said the provider should take at our November 2014 inspection the practice had strengthened the protocol for the management of patients prescribed high risk medicines. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred. The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Blank prescription forms pads were securely stored but forms for printing were kept in printers in unlocked clinical rooms which could compromise prescription security. In addition there were no records kept of prescription serial numbers to ensure full monitoring of their use.
- In response to action we said the provider should take at our November 2014 inspection vaccines were stored at the required temperatures. All vaccine stocks were in date and we were told that expiry dates were checked regularly. However, there was no record of these checks or of stock monitoring and control.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health care assistants were trained to administer vaccines and medicines and patient specific prescriptions or directions from a prescriber were produced appropriately.

We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment and, in response to action we said the provider must take at our November 2014 inspection, recruitment records were now fully completed. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

### Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available.
- The practice had an up to date fire risk assessment and carried out regular fire drills. There were designated fire marshals within the practice. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice landlords had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients.

### Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.

## Are services safe?

- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available. The practice had access to the host provider's on-site crash team and paediatric and adult crash trollies containing emergency equipment and medication were located within the practice. These were maintained and inspected by the crash team.
- 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 stored securely.
- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. In response to our November 2014 inspection the practice had reviewed and updated the plan. It included emergency contact numbers for staff.



# Are services effective?

(for example, treatment is effective)

## Our findings

At our previous inspection on 25 November 2014, we rated the practice as good for providing effective services.

When we undertook a follow up inspection on 3 August 2017 we found the practice maintained effective treatment. The provider is still rated as good for providing effective services.

### Effective needs assessment

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 97% of the total number of points available compared with the clinical commissioning group (CCG) average of 88% and national average of 95%.

There were no significant variations in exception rates compared to the CCG or national averages. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects):

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/16 showed:

- Performance for diabetes related indicators was above the CCG and the same as national averages: 90% compared to 80% and 90% respectively.

- Performance for mental health related indicators was above the CCG and just below national averages: 92% compared to 85% and 93% respectively.

There was evidence of quality improvement including clinical audit:

- There had been nine clinical audits commenced in the last two years, one of these was a completed second cycle audit where the improvements made were implemented and monitored. In addition two were ongoing annual audits and one quarterly.
- Findings were used by the practice to improve services. For example, as a result of a second cycle audit of annual reviews of patients on new oral anticoagulants (NOACs), blood monitoring of these patients improved from 81% to 100% between the two cycles.

### Effective staffing

At our inspection of 25 November 2014, we said the practice must take action to ensure staff training records were fully completed. At our inspection on 3 August 2017 we found the practice had taken this action. Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. In response to action we said the provider should take at our November 2014 inspection, learning and professional development needs were now clearly linked to appraisal reviews in all cases. Staff had access to appropriate training to meet their learning

# Are services effective?

## (for example, treatment is effective)

needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months.

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

### Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Information was shared between services, with patients' consent, using a shared care record. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

### Consent to care and treatment

The practice had taken the action we said it should take at our November 2014 inspection to ensure mental capacity was appropriately taken into account in its consent policy and raise staff awareness of how the policy applied to children aged under 16 who had the legal capacity to consent.

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

### Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to relevant services. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition, those requiring advice on their diet, smoking and alcohol cessation and those in at risk groups including vulnerable children and adults, patients with learning disabilities and mental health problems, and patients receiving palliative care.
- The practice had also identified the smoking status of patients over the age of 16 and actively offered in-house nurse-led smoking cessation clinics to these patients. Just under 50% of those identified had been offered support and 20 had given up smoking in the last year. Smoking cessation advice was also offered by all clinicians.

The practice's uptake for the cervical screening programme was 87%, which was above the CCG average of 73% and the national average of 81%.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Performance in 2015/16 for meeting 90% targets for childhood immunisation rates for the vaccinations given was below standard for four national targets:

- 72% for children aged 1 with a full course of recommended vaccines.
- 69% for children aged 2 with pneumococcal conjugate booster vaccine.
- 71% for children aged 2 with Haemophilus influenzae type b and Meningitis C booster vaccine.
- 70% for children aged 2 with Measles, Mumps and Rubella vaccine.

# Are services effective?

(for example, treatment is effective)

Performance for 5 year olds was also below average:

- MMR Dose 1: Eligible 178: Practice 84%; CCG 80%; National 94%.
- MMR Dose 2: Eligible 178: Practice 58%; CCG 62%; National 88%.

The practice recognised improving immunisation performance was a challenge and were seeking to meet this. They were actively following up with families in an attempt to increase uptake.

There was a policy to offer telephone or written reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in

different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer. There were failsafe systems to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

# Are services caring?

## Our findings

At our previous inspection on 25 November 2014, we rated the practice as good for providing caring services.

When we undertook a follow up inspection on 3 August 2017, we found the practice continued to provide caring services. The practice is still rated as good for providing caring services.

### Kindness, dignity, respect and compassion

During our inspection we observed that members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patients could be treated by a clinician of the same sex.

The majority of the 29 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with seven patients including two members of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was in line with or above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 93% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 85% and the national average of 89%.

- 89% of patients said the GP gave them enough time compared to the CCG average of 90% and the national average of 86%.
- 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and the national average of 95%.
- 94% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 86%.
- 94% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average of 86% and the national average of 91%.
- 87% of patients said the nurse gave them enough time compared with the CCG average of 87% and the national average of 92%.
- 98% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 96% and the national average of 97%.
- 90% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 92% of patients said they found the receptionists at the practice helpful compared with the CCG average of 84% and the national average of 87%.

### Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

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

- 92% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 83% and the national average of 86%.
- 89% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.

## Are services caring?

- 90% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 85% and the national average of 90%.
- 83% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available covering a range of issues.
- The Choose and Book service was used with patients as appropriate. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital. However, the majority of referrals for hospital appointments were made through an external triage service.

### **Patient and carer support to cope emotionally with care and treatment**

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 159 patients as carers (just over 1% of the practice list). The practice was working to improve coding of carers to ensure all carers were appropriately identified. Written information was available to direct carers to the various avenues of support available to them. Older carers were offered timely and appropriate support.

Staff told us that if families had experienced bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

At our previous inspection on 25 November 2014, we rated the practice as good for providing responsive services.

At our follow up inspection on 3 August 2017 we found the practice remained responsive to meeting people's needs and the practice is still rated as good for providing responsive services.

### Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population:

- Nursing and HCA appointments commenced at 8am and the first GP appointments were at 8.20am. There was a spread of appointments until 6pm with weekend GP appointment availability at a neighbouring practice.
- There were longer appointments available for patients with a learning disability. The practice encouraged patients to ask for longer appointments if they had physical or language barriers that required more time, or if they had complex issues to discuss.
- There were in-house services for anticoagulation, minor surgery, coil and nexplanon, and phlebotomy services.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice sent text message reminders of appointments and test results.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately were referred to other clinics for vaccines available privately.
- There were accessible facilities, which included interpretation services available.
- Other reasonable adjustments were made and action was taken to remove barriers when patients find it hard to use or access services.

The practice was open between 8am to 6.30pm Monday to Friday. On Thursday the practice closed between 1pm and 1.45pm. Appointments were from 8.20am to 6pm daily except when closed on Thursday between 1pm to 1.45pm. There was weekend GP appointment availability at a neighbouring practice. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for patients that needed them. The practice also offered telephone consultations for patients ensuring that they were at times that suited the patient

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

- 84% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 73% and the national average of 76%.
- 92% of patients said they could get through easily to the practice by phone compared to the national average of 71%.
- 95% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 83% and the national average of 84%.
- 90% of patients said their last appointment was convenient compared with the CCG average of 76% and the national average of 81%.
- 86% of patients described their experience of making an appointment as good compared with the CCG average of 71% and the national average of 73%.

73% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 53% and the national average of 58%.

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

The practice had a system to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

Patients were asked to call before 11am if they wished to request a home visit to enable the doctor to plan and prioritise visits. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait

### Access to the service

# Are services responsive to people's needs?

(for example, to feedback?)

for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

## Listening and learning from concerns and complaints

The practice had a system 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. There was a notice in the waiting area and a summary leaflet available.

We looked at 12 complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way, and showed openness and transparency with dealing with the complaint. Lessons were learned from individual concerns and complaints and also from analysis of trends, and action was taken to as a result to improve the quality of care. In response to action we said the provider should take at our November 2014 inspection, we saw evidence of discussion of complaints and the communication of lessons learned in the minutes of practice meetings. We saw that as a result of a complaint about the referral process clinicians were advised to inform patients of the process of referrals and ensure that patients were clear about the process before they left the consulting room.

# Are services well-led?

Good 

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

## Our findings

At our previous inspection on 25 November 2014, we rated the practice as good for providing well-led services.

At our follow up inspection of the service on 3 August 2017 we found the practice continued to be well managed by senior leaders and the practice is still rated as good for being well-led.

### Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas, staff room and on the practice website. However, there were differences between these documents and the statement in the practice's presentation at the outset of the inspection. In addition some administrative staff we spoke with were not fully aware of the practice values.
- The practice had a clear strategy and supporting business plans which reflected the vision and values and were regularly monitored.

### Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas. For example, infection control, safeguarding and complaints.
- Practice specific policies were implemented and were available to all staff. In response to action we said the practice should take at our November 2014 inspection, these policies had been updated and systematically reviewed. However, the practice needed to consider how best to ensure staff were aware of and understood the updated policies. A comprehensive understanding of the performance of the practice was maintained. Practice meetings were held quarterly which provided an opportunity for staff to learn about the performance of the practice.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.

- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- In response to action we said the practice should take at our November 2014 inspection, we saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints.

### Leadership and culture

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

The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The partners encouraged a culture of openness and honesty. From the sample of four documented examples we reviewed we found that the practice had systems to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- The practice kept written records of verbal interactions as well as written correspondence.

There was a clear leadership structure and staff felt supported by management.

- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. Minutes were comprehensive and were available for practice staff to view.
- Staff said they felt respected, valued and supported, particularly by the partners and practice manager in the practice. All staff were involved in discussions about



# Are services well-led?

Good 

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

how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients and staff. It proactively sought feedback from:

- patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, in response to a patient survey the practice arranged customer service training for administrative staff. The practice also held jointly with the PPG an annual open event for patients to review the annual patient survey action plan, and this was publicised this on the practice website.

- the NHS Friends and Family test, complaints and compliments received.
- 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.

## Continuous improvement

There was a 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. For example, as part of a CCG - led initiative the practice has used an assessment tool kit to review the suitability of the practice environment and make improvements for people with dementia. The practice had also held a dementia awareness event at the practice for patients worried about their or someone else's memory.