

Oakleigh Road Health Centre

Quality Report

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Clinic – Oakleigh Road on 9 September 2015. Overall the practice is rated as good.

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.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Risks to patients were assessed and well managed.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training needs had been identified and planned.

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- 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.

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

The provider must:

- Ensure equipment maintenance checks are undertaken.

The provider should:

- Ensure they hold a copy of all tests undertaken by NHS estates in regard to fire safety.

Summary of findings

- Ensure cleaning schedules are kept and maintained to assure that the correct cleaning is being undertaken.
- Ensure second cycle clinical audits are undertaken to drive quality and improvement in practice.

Professor Steve Field CBE FRCP FFPH FRCGP
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services. Staff understood and fulfilled their responsibilities to raise concerns, and report incidents and near misses. Lessons were learned and communicated to support improvement. Information about safety was recorded, monitored, reviewed and addressed. Risks to patients were assessed and well managed. There was enough staff to keep patients safe. The practice had systems in place to ensure patients were safe including safeguarding and chaperone procedures, and processes to ensure medicines were correctly handled. Not all staff had received child protection and adult safeguarding training at the time of inspection, however evidence was provided to show that all staff had received this training in September 2015. Patients were treated in a clean environment, however processes for checking that cleaning had been carried out appropriately was in need of development. Equipment was fit for purpose and maintained regularly, however equipment was last tested in September 2014 and due for renewal.

Good



Are services effective?

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

Good



Are services caring?

The practice is rated as good for providing caring services. The National GP Patient Survey July 2015 showed that patients rated the practice higher than average on many questions relating to care. All patients that we spoke with said that they were treated with compassion and respect and felt involved in decisions made about their care; this was also supported by the feedback we received from the CQC comment cards which were available for patients to complete before the date of the inspection. We saw that staff treated patients with dignity, compassion and respect whilst maintaining their confidentiality.

Good



Summary of findings

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 local Clinical Commissioning Group (CCG) to secure improvements to services. The practice worked closely with its patient participation group (PPG) to identify views and made changes where possible. Services were planned and delivered to take into account the needs of the different population groups. Information about how to complain was readily available and all staff understood the process and knew who the designated lead was. Evidence showed the practice responded quickly to issues raised and learning from complaints was shared with all staff.

Good



Are services well-led?

The practice is rated as good for being well-led. It had a clear vision and strategy. Staff were clear about the vision and their responsibilities in relation to this. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings. There were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group (PPG) was active. Staff had received inductions, regular performance reviews and attended staff meetings and events.

Good



Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as good for the care of older people. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in dementia and end of life care. It offered home visits and rapid access appointments for those with enhanced needs. The GPs provided an out of hour's service to the two nursing and residential homes the practice was responsible for in the event of the death of a resident in order to facilitate cultural needs.

Good



People with long term conditions

The practice is rated as good for the care of people with long-term conditions. Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Longer appointments and home visits were available when needed. All these patients had a named GP and a structured annual review to check that their health and medicines needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

The practice is rated as good for the care of families, children and young people. There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations. For example, the vaccinations given to under two year olds ranged from 79.6% to 94.6% of those patients eligible on the practice list (compared to the Clinical Commissioning Group average range of 69% to 80.8%). Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this. Appointments were available outside of school hours and the premises were suitable for children and babies. We saw good examples of joint working with midwives, health visitors and school nurses.

Good



Summary of findings

Working age people (including those recently retired and students)

Good



The practice is rated as good for the care of working-age people (including those recently retired and students). The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. Evening extended hours appointments were available and a special GP and nurse led commuter clinic was run on a Thursday and Friday morning between 7am and 9am and on a Wednesday evening between 6.30pm and 7pm. The practice was proactive in offering online services, including registering online, booking appointments, ordering prescriptions and accessing medical summaries. The practice had a full range of health promotion and screening that reflected the needs for this age group.

People whose circumstances may make them vulnerable

Good



The practice is rated as good for the care of people whose circumstances may make them vulnerable. The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. It had carried out annual health checks for 69% of patients with a learning disability. It offered longer appointments for people with a learning disability.

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

People experiencing poor mental health (including people with dementia)

Good



The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. It carried out advance care planning for patients with dementia.

The practice had told patients experiencing poor mental health about how to access various support groups and voluntary

Summary of findings

organisations. It had a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health. Staff had received training on how to care for people with mental health needs and dementia.

Summary of findings

What people who use the service say

Results from the National GP Patient Survey July 2015 (111 returned responses, which is equivalent to 1.3% of the patient list) showed that the practice was performing in line with local and national averages. However, some results indicated the practice could improve in certain aspects of care, including patient's experiences with nursing care. For example:

- 76% say the last nurse they saw or spoke to was good at listening to them compared with a CCG average of 86% and national average of 91%.
- 80% say the last nurse they saw or spoke to was good at treating them with care and concern compared with a CCG average of 86% and a national average of 90%.

The practice scored higher than average in terms of getting through to the surgery on the telephone and getting an appointment. For example:

- 82% find it easy to get through to this surgery by phone compared with a CCG average of 63% and a national average of 73%.

- 90% 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 national average of 85%.
- 84% say the last GP they saw or spoke to was good at involving them in decisions about their care compared with a CCG average of 79% and a national average of 81%.

As a part of our inspection process, CQC comment cards were completed by patients prior to our inspection. We received 21 completed cards (0.2% of the practice patient list size) all of which were positive about the standard of care received. Both clinical and non-clinical staff members received praise about the standard of care they delivered. Patients said they felt listened to and involved in decisions about their care. Patients informed us that the practice was always clean and they were treated with compassion and care.

We spoke with two members of the patient participation group (PPG) who told us that it was a proactive surgery and they provided positive feedback regarding the level of care they had received.

Areas for improvement

Action the service **MUST** take to improve

- Ensure equipment maintenance checks are undertaken.

Action the service **SHOULD** take to improve

- Ensure they hold a copy of all tests undertaken by NHS estates in regard to fire safety.

- Ensure cleaning schedules are kept and maintained to assure that the correct cleaning is being undertaken.
- Ensure second cycle clinical audits are undertaken to drive quality and improvement in practice.

Oakleigh Road Health Centre

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 second CQC inspector, GP advisor, practice manager and practice nurse who was granted the same authority to enter The Clinic – Oakleigh Road as the Care Quality Commission (CQC) inspector.

Background to Oakleigh Road Health Centre

The Clinic-Oakleigh Road is a practice located in the London Borough of Barnet. The practice is part of the NHS Barnet Clinical Commissioning Group (CCG) which is made up of 69 practices. It currently holds a Personal Medical Service (PMS) contract and provides NHS services to 8534 patients. There are currently eight full time GP's (four male and four female), three practice nurses, administrative staff and a practice manager.

The practice is a training practice.

The practice served a diverse population with many patients attending where English is not their first language. The practice had a large older population with 25.2% over 65 years of age and 19.1% of the population under the age of 14. The practice was situated within a purpose built health centre. All consulting rooms were on ground level.

The practice opens at 08:00 to 18:30. The telephone line was open between 08:15 and 18:20 Monday to Friday. Appointments were available from 08:20 to 12:00 every morning and 14:30 to 18:00 daily. Extended hours surgeries were offered on a Wednesday, Thursday and Friday morning between 07:00 and 08:00, on Saturday mornings

between 09:00 and 11:30, and on Wednesday afternoon between 18:30 and 19:00. Telephone consultations, and home visits were also offered. The practice opted out of providing an out of hours service and referred patients to the local out of hours service or the '111' service.

The service is registered with the Care Quality Commission to provide the regulated activities of diagnostic and screening procedures, family planning, maternity and midwifery services, surgical procedures and the treatment of disease, disorder or injury.

The practice provided a range of services including child health and immunisation, minor illness clinic, smoking cessation clinics and clinics for patients with long term conditions. The practice also provided health advice and blood pressure monitoring.

Why we carried out this inspection

We carried out a comprehensive inspection of the services under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We carried out a planned inspection to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to provide a rating for the services under the Care Act 2014.

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?

Detailed findings

- 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 9 September 2015. During our visit we spoke with a range of staff (GPs, Nursing staff and administrative staff) and spoke with patients who used the service. We observed how people were being cared for and talked patients and reviewed the personal care or treatment records of patients. We reviewed comment cards where patients and members of the public shared their views and experiences of the service.

Are services safe?

Our findings

Safe track record and learning

There was an open and transparent approach and a system in place for reporting and recording significant events. People affected by significant events received a timely and sincere apology and were told about actions taken to improve care. Staff told us they would inform the practice manager of any incidents and there was also a recording book and significant event form available on the practice's computer system. The practice carried out an analysis of significant events.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, an incident occurred where a request for a home visit was not communicated to the duty GP who was responsible for conducting home visits. The practice discussed this event and amended their protocol to ensure that there were clear arrangements in place for communication with the duty GP.

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance. This enabled staff to understand risks and gave a clear, accurate and current picture of safety. Safety alerts were disseminated to relevant staff via email.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. The safeguarding lead represented the practice in quarterly meetings with the local social services team to discuss safeguarding matters and individual patients of concern. However, the practice had identified that six non-clinical members

of staff had not received child protection training and eight of the non-clinical staff had not received adult safeguarding training. Dates were provided of when safeguarding training would take place (end of September 2015). We have been provided with evidence since the inspection of the training being completed.

- A notice was displayed in the waiting room, advising patients that staff on the practice chaperone list would act as chaperones, if required. Nurses acted as chaperones but if unavailable non-clinical members of staff who expressed a wish to undertake these duties would be used. All staff on the practice chaperone list were trained for the role and had received a disclosure and barring service check (DBS). (DBS checks identify whether a person had a criminal record or was on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- There were procedures in place for monitoring and managing risks to patients and staff safety. There was a health and safety policy available with a poster in the reception office. The building was owned by NHS estates. The practice did not hold up to date fire risk assessments but were aware that an assessment had taken place by NHS estates and the practice informed us the last assessment took place in August 2015. Fire drills were carried out and the fire alarms were tested on a weekly basis. Fire equipment was last serviced in September 2015 prior to CQC inspection. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly, however the testing date for electrical and clinical equipment had expired. Equipment was last checked in September 2014 and the practice was in the process of booking the annual test. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control. Legionella was last tested for in September 2015. (Legionella is a germ that is found within water systems).
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. The practice had appointed a contract cleaning company but did not hold any cleaning schedules and was unable to check that cleaning had been carried out effectively. The practice nurse was the infection control

Are services safe?

clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. The lead had received the appropriate training to undertake this role. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken (the latest in July 2015) and we saw evidence that action was taken to address any improvements identified as a result.

- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). We checked the medicine fridges and found all medicines to be in date. All temperature monitoring charts were up to date and all were in the appropriate range. Regular medicines audits were carried out with the support of the local Clinical Commissioning Group (CCG) pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Patients that were prescribed high risk medicines such as methadone were reviewed regularly by the GP. Prescription pads were securely stored and there were systems in place to monitor their use.
- Recruitment checks were carried out and the three 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.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. If the practice was short staffed, overtime was offered to staff. The GP team ensured that they covered their own time off to ensure adequate cover.

Arrangements to deal with emergencies and major incidents

There was an alert button 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 one of the treatment rooms. The practice had a defibrillator available on the premises and oxygen with adult and children's masks. Both were maintained on an annual basis. There was also a first aid kit and accident book available. Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included protocols to follow if the building, equipment or particular staff were unavailable and 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 with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice had systems in place to 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. When a new guideline was issued, one of the GPs would review the guideline and then present it in the clinical meeting. We were shown minutes of meetings where this had taken place. The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. The latest results (2013/2014) showed that 95.4% of the total number of points available were achieved, with 3.8% exception reporting. This was above the Clinical Commissioning Group (CCG) average of 93.5%. This practice was not an outlier for any QOF (or other national) clinical targets. Further data from 2013/2014 showed;

- Performance for diabetes related indicators was lower than the CCG average of 90.3% and national average of 90.2% attaining 86.6%.
- The percentage of patients with hypertension having regular blood pressure tests was lower than the CCG average of 81.9% and national average of 83.2% by attaining 80.7%.
- The dementia diagnosis rate was above the CCG average of 79.1% and national average of 80.2% attaining 90%.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and patient outcomes. We viewed three clinical audits that had been conducted in the

last two years (the prescribing of citalopram, prediabetes risk and stroke prevention in atrial fibrillation); one of these was a completed audit where the improvements made were implemented and monitored. The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research. Findings were used by the practice to improve services. For example, an audit was undertaken into the monitoring of stroke prevention in atrial fibrillation undertaken in September 2014 to identify patients that were undertaking antiplatelet therapy which was shown to not be as effective in the early identification of strokes in line with NICE guidelines. The audit showed that of the 22 patients that were audited 55% were on antiplatelet therapy and not on anticoagulant medicines. Through a review with the patient, and at the reaudit in November 2014 the figure had been reduced to 41% showing that fewer patients were undertaking antiplatelet therapy and 59% were on anticoagulant medicines.

Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as fire safety, health and safety and confidentiality.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included ongoing support during one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All staff had had an appraisal within the last 12 months.
- Staff received training that included: fire procedures, basic life support and information governance awareness. However, six members of non-clinical staff were awaiting child protection training and eight members were awaiting adult safeguarding training. The training had been booked by the practice for mid-September 2015 and evidence was provided following the inspection of staff's completed training. This was their initial training in child protection and safeguarding.

Are services effective?

(for example, treatment is effective)

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system. This included care and risk assessments, care plans, medical records and test results. Information such as NHS patient information leaflets were also available. All relevant information was shared with other services in a timely way, for example when people were referred to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patient's moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

Consent to care and treatment

Patients' consent to care and treatment was always sought in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment. The process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

The practice had a written consent template which was completed at the consultation with the GP. Where verbal consent was required for services such as coils and implants, a pro forma was filled out by the GP or nurse to assess the level of risk to the patients as a result of the procedure.

Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service. Smoking cessation advice was available from the nurse or patients were referred to a local support group. The practice recorded 902 patients as smokers and 83% of those were actively receiving support from the practice. Patients who may be in need of extra support were identified by the practice.

The practice had a comprehensive cervical screening programme. The practice's uptake for the cervical screening programme was at 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given to under two year olds ranged from 79.6% to 94.6% (the CCG average was between 69% and 80.8%). Immunisations for five year olds ranged from 83.3% to 93.6% (CCG average was between 65.5% and 89.6%). Flu vaccination rates for the over 65s were 60%, and at risk groups, 41%. There was no comparable data available from the Clinical Commissioning Group (CCG).

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. The practice provided 44% of patients with an NHS health check. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. Sixty nine percent of the 23 patients on the learning disability register had received a health check.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

Throughout the inspection, we observed that members of staff were polite, patient and helpful to patients both on the telephone and face to face in the reception area. Curtains were provided in all consultation rooms to enable patient's privacy and dignity to be maintained during examinations, treatments and investigations. We saw that consultation and treatment room doors were kept closed during consultations and conversations in these rooms could not be overheard.

There were green cards at reception that patients were able to take and hand to receptionists indicating that they would like to talk in private, all reception staff were aware of this system and said that they would take patients into a private room to discuss any sensitive issues. Reception staff understood the shortfalls of having an open plan reception area and explained that they kept discussions with patients as quiet as possible to prevent other patients from over hearing.

We reviewed the July 2015 National GP Patient Survey, which had 111 responses out of a possible 255, which equates to 1.3% of the practice's patients. The survey showed that in general, the practice was in line with local and national averages, however there were a few areas that the surgery scored lower than the average, for example:

- 76% of respondents said the last nurse they saw or spoke to was good at listening to them compared with the CCG average of 86% and national average of 91%.
- 80% of respondents said the last nurse they saw or spoke to was good at treating them with care and concern compared with a CCG average of 86% and national average of 90%.
- 52% usually get to see or speak to their preferred GP compared with a CCG average of 56% and a national average of 60%.

The practice scored above average in its overall experience, getting an appointment and experience with the GPs For example:

- 90% describe their overall experience of this surgery as good compared with a CCG average of 80% and a national average of 85%.

- 84% said the last GP they saw or spoke to was good at involving them in decisions about their care compared with a CCG average of 79% and a national average of 81%.
- 90% 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%.

All 21 of the completed patient CQC comment cards that we received were positive about the service that they had experienced. Patients said that the practice was always clean and tidy, all staff were friendly and helpful and they felt that they were treated with dignity and respect. We spoke with four patients on the day of the inspection and they said that staff attitudes were good, staff were helpful, they felt that their privacy was respected and they were involved in decisions about their care and treatment.

There were clearly visible zero tolerance posters displayed in the reception area. Panic buttons were available for staff in the reception area and consultation rooms for use if they felt threatened.

Care planning and involvement in decisions about care and treatment

The patients we spoke with on the day of inspection and members of the Patient Participation Group (PPG) told us that they felt listened to, they were given enough time in consultation to discuss issues and have treatments explained and felt involved in decisions about their care. Patient feedback gathered from the completed CQC comment cards also aligned with these views.

The National GP Patient Survey (July 2015) data showed patients responded positively to questions about being involved in decision making about their care and treatment with the GPs, but were below local and national averages for this with the nurse. For example:

- 84% said the last GP they saw or spoke to was good at involving them in decisions about their care compared with a CCG average of 79% and national average of 81%.
- 88% said the last GP they saw or spoke to was good at explaining tests and treatments compared with a CCG average of 84% and national average of 86%.
- 80% said the last nurse they saw or spoke to was good at explaining tests and treatments compared with a CCG average of 85% and national average of 90%.

Are services caring?

- 77% said the last nurse they saw or spoke to was good at involving them in decisions about their care compared with a CCG average of 80% and a national average of 85%.

The practice were aware of these figures and had addressed these by providing further training to the nursing staff.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. There was a practice register of all people who were carers and those identified on the register were being supported, for example, by offering health checks, flu vaccinations and referral for social services support. Written information was available for carers to ensure they understood the various avenues of support available to them.

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

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 improve outcomes for patients in the area. For example, the practice was in regular communication with the local prescribing team to help bring their antibiotic prescribing in line with local averages and we saw meeting minutes that supported this.

Services were planned and delivered to take into account the different population group's needs. For example:

- Commuter clinics were offered on Thursday and Friday mornings for working patients who could not attend during normal opening hours, there was also a Saturday morning clinic held once a month.
- Home visits were available to house bound patients and those who need them.
- Urgent access appointments were available for children or patients who had serious medical conditions.
- Longer appointments were available for vulnerable patients and patients with a learning disability.
- There was a hearing loop and lowered reception desk for disabled patients and in-house translation services were available
- There was a dedicated resource area used to provide information for patients; this contained an electronic kiosk, which gave patients online access to information on community services, health websites and local mental health charities. There were also information stands, where health and community organisations were invited to present information to patients and members of the local community.
- Multi-disciplinary team meetings were undertaken on a monthly basis with the palliative care team and care of the elderly consultant. Monthly multi-disciplinary team meetings were also undertaken with community midwives and health visitor.
- The practice provided a sexual health and contraception service.
- The practice provided a post and antenatal service in partnership with community midwives and health visitors.
- There were male and female GPs in the practice, therefore patients could choose to see either a male or female doctor.

Access to the service

The practice opened at 08:00 to 18:30. The telephone line was open between 08:15 and 18.20 Monday to Friday. Appointments were available from 08:20 – 12:00 Monday to Wednesday, 07:30 – 12:00 Thursday and 07:00 – 12:00 on Friday. Afternoon appointments were available from 14:30 – 18:30 Monday, Wednesday to Friday and 15:40 – 18:30 on Tuesday. In addition to pre-bookable appointments up to 8 weeks in advance, same day and urgent appointments were available. Extended hours surgeries were offered on Wednesday, Thursday and Friday morning between 7am and 8am, on Saturday mornings between 9am and 11:30am, and on Wednesday afternoon between 18:30 and 19.00. The practice had a message book system, which allowed patients to have a telephone consultation on the same day with the GP of their choice. When the surgery was closed patients were directed to the local out of hour's provider.

A patient leaflet with comprehensive information about the practice and its services as well as the appointment system was available and was also available on the practice website. Prescriptions and appointments could be booked online, and as a result of patient feedback more than one appointment with a GP could be booked online at the time of booking. For example, booking two appointments four weeks apart.

Results from the National GP Patient Survey from July 2015 showed that patients responded positively to questions about access to appointments and generally rated the practice well in this area. For example:

- 90% 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%.
- 82% find it easy to get through to this surgery by phone compared with a CCG average of 63% and a national average of 73%.

However the practice did rate below average for some areas which the practice were addressing. For example:

- 85% say the last appointment they got was convenient compared with a CCG average of 90% and national average of 92%.
- 52% usually get to see or speak to their preferred GP compared with a CCG average of 56% and national average of 60%.

Are services responsive to people's needs?

(for example, to feedback?)

Patients we spoke with said that it was easy to get an appointment if you were willing to see any GP, but would have to wait for a little over a week if you wanted to see your preferred GP. We looked at the next available appointment and saw that it was in two weeks' time. Patients told us it was easy to get through to the practice by telephone and there were always appointments available if it was urgent. One patient told us the practice offered a text appointment reminder system, which worked very well especially when an appointment had been booked far in advance.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns; we saw its complaints policy and procedure which was in line with recognised guidance and contractual obligations for GP's in England. There was a designated person responsible for complaints in the

practice, which all staff were able to identify when asked and there was information available in the reception area informing patients of how to make a complaint in the form of a leaflet and a poster.

Patients we spoke with were aware of the process to follow if they wished to make a complaint.

We looked at the five recorded complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way. The responses demonstrated openness and transparency in dealing with the complaint.

Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. The practice reviewed complaints annually, we looked at the report and whilst no themes had been identified lessons were learned and shared for individual complaints.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver continuity and high quality care while promoting good outcomes for patients. The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values. The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- There was a comprehensive understanding of the performance of the practice.
- A programme of continuous clinical and internal audit which is used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

The practice had named members of staff responsible for specific areas of governance, for example, safeguarding, infection control, complaints, clinical governance and training and development of both staff and the practice.

Leadership, openness and transparency

The partners in the practice have the experience, capacity and capability to run the practice and ensure high quality care. They prioritise safe, high quality and compassionate care. The partners were visible in the practice and staff told us that they were approachable and always take the time to listen to all members of staff. The partners encouraged a culture of openness and honesty.

Staff told us that regular team meetings were held. Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and confident in doing so and felt supported if they did. Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, proactively gaining patients' feedback and engaging patients in the delivery of the service. It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received.

There was an active PPG of 20 members which met regularly. A virtual patient group which was organised through emails was also run by the practice. We spoke with two PPG members who told us that the proposals put forward to the GPs were taken seriously, for example an in-house phlebotomy service was put in place at the request of the PPG to prevent patients from having to travel to hospital to have their bloods taken.

The practice had also gathered feedback from staff through staff meetings, appraisals and informal discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. For example, all staff were able to provide input into the design of tailor made friends and family test questions which asked specific questions directly relating to the services that they offered. Staff told us they felt involved and engaged to improve how the practice was run.