

# The Practice @ 188

## Quality Report

188 Golders Green Road  
Golders Green  
London  
NW11 9AY

Tel: 020 8298 6498

Website: [www.thepracticeat188.nhs.uk](http://www.thepracticeat188.nhs.uk)

Date of inspection visit: 18 October 2017

Date of publication: 11/12/2017

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 The Practice @ 188	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 The Practice @ 188 on 18 October 2017. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.
- The practice had clearly defined and embedded systems to minimise risks to patient safety.
- 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.
- 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.
- Information about services and how to complain was available. 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 good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.

The areas where the provider should make improvement are:

- Consider putting arrangements in place to support patients with impaired hearing with a view to improving access to services.
- Ensure that plans to provide all staff with annual appraisals are followed through.

# Summary of findings

**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.
- 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 in line with CCG and national averages.
- 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.
- 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.

- Data from the national GP patient survey showed patients rated the practice similar to 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.

Good



# Summary of findings

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- The practice understood its population profile and had used this understanding to meet the needs of its population. For example, the practice was located in an area with a large Jewish community and arrangements were in place to observe traditional Jewish end of life care cultural practices.,
- 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.
- 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 four examples reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

## Are services well-led?

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

Good



- The practice had a clear vision 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.
- There was a clear leadership structure and staff felt supported by management. The practice had policies and procedures to govern activity and we saw that there were processes in place to ensure these would be reviewed regularly.
- 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.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities although annual appraisals for four non-clinical members of staff were overdue.
- The provider was aware of the requirements of the duty of candour. In three examples we reviewed, we saw evidence the practice complied with these requirements.
- The management team 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.

# Summary of findings

- 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.

Good



- 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.
- 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.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Where older patients had complex needs, the practice shared summary care records with local care services.
- Patient outcomes for conditions often associated with older people were in line with local and national averages. For instance, data for 2016/2017 showed that 71% of patients with hypertension had a last blood pressure reading (measured in the preceding 12 months) of 150/90 mmHg or less which was the same as the CCG average and comparable to the national average of 73%.

### People with long term conditions

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

Good



- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators were comparable to CCG and national averages. For instance, 66% of patients had well controlled blood sugar levels (CCG average of 69%, national average 70%).
- The percentage of patients on the diabetes register, whose last measured total cholesterol (measured within the preceding 12 months) was 5 mmol/l or less was 72% (CCG average 71%, national average 70%). The exception reporting rate for this indicator was 16% (CCG average 10%, national average 13%).

# Summary of findings

- 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.
- 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.

## Families, children and young people

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

- From the sample of documented examples we reviewed we found 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.
- The practice's uptake for the cervical screening programme was 70%, which was the same as the CCG average and comparable to the national average of 75%.
- Patients told us, on the day of inspection, that 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 were accessible, flexible and offered continuity of care, for example, extended opening hours.

Good





# Summary of findings

- Telephone consultations were available for patients who were unable to attend in person or for those who were unsure if their condition required a visit to the surgery.
- 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.
- The practice provided NHS Health Checks to all patients over 40 years of age.

## People whose circumstances may make them vulnerable

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

Good



- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice offered longer appointments for patients with a learning disability.
- 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.

## 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).

Good



- The practice carried out advance care planning for patients living with dementia.
- 87% 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 than the national average.
- Performance for mental health related indicators was comparable to CCG and national averages. For example, 85% of

# Summary of findings

patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the record compared to the CCG average of 83% and national average of 79%. The exception reporting rate for this indicator was 11% (CCG average 8%, national average 13%).

- The practice specifically considered the physical health needs of patients with poor mental health and dementia. For instance, patients with mental health conditions who lived in a residential care home were prioritised for appointments and urgent same-day appointments.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- 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.

# 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 local and national averages. A total of 368 survey forms were distributed and 96 were returned. This represented 1% of the practice's patient list.

- 77% of patients described the overall experience of this GP practice as good compared with the CCG average of 82% and the national average of 85%.
- 71% of patients described their experience of making an appointment as good (CCG average 68%, national average of 73%).
- 60% of patients said they would recommend this GP practice to someone who has just moved to the local area (CCG average 75%, 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 31 comment cards, of which 28 were entirely positive about the standard of care received. Patients said they were able to book appointments easily and found clinicians caring and attentive. Three cards included less positive comments but there were no common themes amongst these.

We spoke with 16 patients during the inspection. All 16 patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

## Areas for improvement

### Action the service **SHOULD** take to improve

- Consider putting arrangements in place to support patients with impaired hearing with a view to improving access to services.

- Ensure that plans to provide all staff with annual appraisals are followed through.

# The Practice @ 188

## 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 second CQC inspector, a practice manager specialist adviser and an Expert by Experience.

## Background to The Practice @ 188

The Practice@188 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 with NHS England. This is a locally agreed alternative to the standard General Medical Services contract used when services are agreed locally with a practice which may include additional services beyond the standard contract. At the time of the inspection, the practice was providing care to approximately 7,500 patients.

The practice serves a diverse population with many patients attending where English is not their first language. The practice has a large older population, with 15% of the practice population being aged over 65 years. The practice serves the general population but provides specific services to four nursing homes and two residential care homes. The practice covers the largest density of the Jewish population within the UK (30-40%), however there is an increasing transient migrant population where English is not the first language. The practice is situated within a two

storey residential property with consulting rooms on two levels. There is no step-free access to the first floor; therefore patients who cannot manage stairs are seen in the ground floor consulting rooms.

The practice is registered as an individual provider. There is currently one full time male GP who is the lead GP and five part time salaried GPs (all female), a practice nurse and a trainee practice nurse both of whom are female and work part-time. The clinical team is completed by a full time health care assistant and a part time phlebotomist. (Phlebotomists are clinicians trained to take blood samples from patients for testing in laboratories). There are nine administrative staff and a full time practice manager.

The practice is open between 8am and 8.30pm on Monday and between 8am and 6.30pm from Tuesday to Friday. Appointments are from 8.30am to 1pm and 2pm to 6.30pm. Extended hours surgeries are offered on Monday between 6.30pm and 8.30pm. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments are also available for people that need them. Patients are able to book appointments on-line.

The practice opted out of providing an out of hours service and refers 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 provides a range of services including child health and immunisation, minor illness clinic, phlebotomy, smoking cessation clinics and clinics for patients with long term conditions. The practice also provides health advice and blood pressure monitoring.

# Detailed findings

## Why we carried out this inspection

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

This practice was previously registered as a partnership with CQC and was inspected under that registration in 2015.

## 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 18 October 2017. During our visit we:

- Spoke with a range of staff (two GPs, practice manager, practice nurse and several members of the administration and reception teams) 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 a 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.
- 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 living with dementia).

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

# Are services safe?

## Our findings

### Safe track record and learning

There was 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.
- The practice had recorded 11 significant events in the previous 12 months. From the sample of three 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.
- 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 instance, we saw that the practice had investigated an occasion when a hospital discharge letter had included a recommendation that a patient be referred to a community physiotherapist to support the recovery but the referral had not been made until the patient contacted the practice to enquire about their appointment. The practice had found that the information regarding the referral had been missed when the discharge letter had been reviewed. The practice had contacted the hospital involved and agreed that instructions to the practice, including details of referrals which the practice was required to make, would in future be highlighted by using bullet points and a bold typeface.
- 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. From the sample of three documented examples we reviewed we found that 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. GPs were trained to child protection or child safeguarding level 3, the practice nurse and trainee practice nurse were trained to level 2 and all other members of staff were trained to level 1.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and 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. We reviewed the practice chaperone policy and noted that this only referred to female patients being examined by male clinicians as reasons for offering a chaperone. We discussed other instances when offering the presence of a chaperone might be appropriate, for instance, for the protection of the clinician, regardless of gender. The day after the inspection, we saw evidence that the chaperone policy had been reviewed and now provided appropriate guidance around when a chaperone should be offered.
- We looked at how the practice stored paper records and found a number of cabinets used for this purpose were in areas accessible to non- members of staff, but all cabinets were lockable and were locked on the day of our inspection.

The practice maintained appropriate standards of cleanliness and hygiene.

# Are services safe?

- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place.
- The practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training. Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. For instance, the most recent IPC audit had been carried out on 4 October 2017 and had identified concerns with accumulations of dust on high level surfaces. The practice had arranged a meeting with the cleaner and had agreed a revised cleaning specification to ensure high level surfaces were cleaned regularly.

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

- There were processes for handling repeat prescriptions which included the review of 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 and pads were securely stored and there were systems to monitor their use. One of the nurses had qualified as an Independent Prescriber but did not act in this capacity at the practice. 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 six personnel files and found appropriate recruitment checks had been undertaken prior to employment. 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 Disclosure and Barring Service (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 carried out regular fire drills and 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. On the day of the inspection, we noted that a fire risk assessment was overdue. However, within one week of the inspection, we were provided with evidence that showed this risk assessment had been carried out by an appropriate external body.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice 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 was 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.
- 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.
- 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.

## Are services safe?

- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

- We looked at the policy used to govern how the practice managed patient safety alerts and updates and noted that although this was an effective policy, it had not been personalised to be practice specific and included references to a different organisation. However staff we spoke with were familiar with the contents and we saw evidence that systems were used 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 98% of the total number of points available compared with the clinical commissioning group (CCG) and national averages, both of which were of 95%.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2016/2017 showed:

- Performance for diabetes related indicators were comparable to CCG and national averages. For instance, 66% of patients had well controlled blood sugar levels (CCG average of 69%, national average 70%). The exception reporting rate for this indicator was 13% (CCG average 10%, national average 13%). The percentage of patients on the diabetes register, whose last measured total cholesterol (measured within the preceding 12

months) was 5 mmol/l or less was 72% (CCG average 71%, national average 70%). The exception reporting rate for this indicator was 16% (CCG average 10%, national average 13%).

- Performance for mental health related indicators was comparable to CCG and national averages. For example, 85% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the record compared to the CCG average of 83% and national average of 79%. The exception reporting rate for this indicator was 11% (CCG average 8%, national average 13%).
- The percentage of patients diagnosed with dementia whose care plan had been reviewed in a face-to-face review in the preceding 12 months was 87% which was above the CCG average of 81% and the national average of 78%. We looked at patient records and saw that those care plans that had been agreed were comprehensive.
- 80 % of patients with hypertension had well controlled blood pressure compared to the CCG average of 79% and the national average of 80%. The exception reporting rate for this indicator was 4% (CCG average 3%, national average 4%).
- Outcomes for patients with asthma were comparable to CCG and national averages. CCG and national averages. For instance, 77% had had an asthma review in the preceding 12 months using a nationally recognised assessment tool compared to the CCG average of 75% and the national average of 70%. The exception reporting rate for this indicator was 3% (CCG average 3%, national average 8%).
- 71% of patients with hypertension had a last blood pressure reading (measured in the preceding 12 months) of 150/90 mmHg or less which was the same as the CCG average and comparable to the national average of 73%.

There was evidence of quality improvement including clinical audit:

- There had been eight clinical audits commenced in the last two years. We saw examples of two completed two cycle audits, which demonstrated improvement. For example, the practice had identified that one of the care homes to which it provided GP services, had a higher than expected number of unscheduled admissions to the local accident and emergency (A&E) department. When the first audit was undertaken between October

# Are services effective?

## (for example, treatment is effective)

and December 2016, the practice found that 15 out of 36 (42%) of unscheduled admissions were avoidable. The audit had been shared with all GPs at the practice and with managers at the care home and the findings had been discussed. An action plan had been developed which involved providing appropriate training to care home staff around understanding the symptoms of conditions often experienced by residents in care homes, including respiratory and urinary tract infections. This training also involved developing a protocol for care home staff which helped them to decide which service was best suited to manage common infections. A second audit was undertaken between January and February 2017 and although this had only shown a small reduction in the total number of unscheduled admissions, the percentage identified as having been avoidable had reduced from 42% to 17%.

- We saw that other audits were carried out in response to NICE guidelines and patient safety alerts. For example, following a patient safety alert concerning a risk to women of child bearing age who were prescribed a particular medicine used to treat epilepsy, we saw evidence that the practice had undertaken an audit to identify and contact any patients who were affected by the safety alert. .

### Effective staffing

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 although the practice did not always record details of how this was applied. The induction programme 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. There was a locum information pack available and we saw that this included relevant information, for instance, details of practice policies, safeguarding contacts and referral procedures.
- 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. Staff had access to appropriate training to meet their learning 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. We noted that appraisals for four staff were overdue, however appointments were in place to ensure that all staff appraisals would be up to date within four weeks.
- 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.
- From the sample of documented examples we reviewed we found that 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.

# Are services effective?

(for example, treatment is effective)

## Consent to care and treatment

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

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

The practice's uptake for the cervical screening programme was 70%, which was the same as the CCG average and

comparable to the national average of 75%. 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. 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. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were not available, however, we saw unvalidated data for 2016/2017 which indicated that the practice had reached the targets set nationally and achievement was comparable to the CCG and national averages.

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

### 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.

We received 31 Care Quality Commission comment cards, of which 28 were entirely 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. Three cards included negative comments but there were no common themes amongst these.

We spoke with 17 patients including three 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 comparable to others for its satisfaction scores on consultations with GPs and nurses. For example:

- 94% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 87% of patients said the GP gave them enough time (CCG average of 84% national average 86%).
- 99% of patients said they had confidence and trust in the last GP they saw (CCG average of 94%, national average of 95%).

- 91% of patients said the last GP they spoke to was good at treating them with care and concern (CCG average 83%, national average 86%).
- 89% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average of 88% and the national average of 91%.
- 86% of patients said the nurse gave them enough time (CCG average 90%, national average 92%).
- 99% of patients said they had confidence and trust in the last nurse they saw (CCG average 94% national average 95%).
- 88% of patients said the last nurse they spoke to was good at treating them with care and concern (CCG average 88%, national average 91%).
- 74% of patients said they found the receptionists at the practice helpful (CCG average 84%, national average 87%).

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

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

Children and young people were treated in an age-appropriate way and recognised as individuals.

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:

- 91% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 84% and the national average of 86%.
- 87% of patients said the last GP they saw was good at involving them in decisions about their care (CCG average 80%, national average 82%).
- 86% of patients said the last nurse they saw was good at explaining tests and treatments (CCG average 88%, national average 90%).

## Are services caring?

- 80% of patients said the last nurse they saw was good at involving them in decisions about their care (CCG average 82%, national average 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. Patients were also told about multi-lingual staff who might be able to support them.
- Information leaflets were available in easy read format.
- 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.

### **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 86 patients as carers (1% of the practice list). Carers, who were not already in a priority category, were invited to receive annual flu vaccination, offered NHS health checks and given advice around respite funding where this was helpful. Written information was available to direct carers to the various avenues of support available to them, including the local carers support network. 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

### 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:

- The practice offered extended hours on a Monday evening until 8.30pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- The practice provided GP services to four nursing homes and two residential care homes and undertook weekly GP rounds at each of these. This ensured continuity of care and helped to reduce unnecessary hospital admissions.
- The practice received a significant number of prescription requests from nursing and residential homes and had assigned an experienced member of staff, the responsibility for coordinating these prescription requests.
- The practice had provided the nursing and residential homes with a direct dial telephone number which could be used to bypass the main switchboard during busier times. This meant that staff at these locations were able to access care with fewer delays when this was necessary.
- The practice had a significant proportion of patients from the local Jewish community. The practice told us that they had put arrangements in place to respond positively to traditional Jewish end of life care cultural practices and timings, for instance by enabling managers at the nursing and residential care homes to contact GPs outside of normal surgery hours to support families being able to obtain a death certificate as expediently as possible.
- The practice provided care for residents of one care home for people with long-term physical disabilities and one for people with mental health conditions. Residents in these homes were given preferential access to appointments and were prioritised for urgent same-day appointments.
- Same day appointments were also available for children and those patients with medical problems that require same day consultation.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice. The practice worked closely with the local short-term assessment, rehabilitation and reablement service to help older patients avoid unnecessary hospital admissions and to facilitate earlier discharge by arranging for rapid response support in the home.
- 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.
- The practice hosted a counselling service at the practice which meant that patients could access this service locally.
- 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. Details of charges applicable for travel vaccines available privately were clearly displayed in the patient waiting area.
- There were accessible facilities and interpretation services available although the practice did not have a hearing loop.
- The practice has considered and implemented the NHS England Accessible Information Standard to ensure that disabled patients receive information in formats that they can understand and receive appropriate support to help them to communicate.
- One of the consulting rooms was located on the first floor and was not accessible to some patients. Arrangements were in place to accommodate these patients on the ground floor.

### Access to the service

The practice was open between 8am and 8:30pm on Mondays and between 8am and 6:30pm from Tuesday to Friday. Appointments are from 8.30am to 1pm and 2pm to 6.30pm. Extended hours surgeries are offered on Monday between 6.30pm and 8.30pm. 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.

# Are services responsive to people's needs?

(for example, to feedback?)

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

- 75% 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%.
- 63% of patients said they could get through easily to the practice by phone (CCG average 67%, national average 71%).
- 86% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment (CCG average 82%, national average 84%).
- 78% of patients said their last appointment was convenient (CCG average 77%, national average 81%).
- 71% of patients described their experience of making an appointment as good (CCG average 68%, national average 73%).
- 29% of patients said they don't normally have to wait too long to be seen (CCG average 53%, national average 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.

This was achieved by telephoning the patient or carer in advance to gather information to allow for an informed decision to be made on prioritisation according to clinical

need. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait 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, including in the waiting area and on the practice website.

The practice had recorded 18 complaints received in the last 12 months. We reviewed four complaints and found these were handled in line with practice procedures. Lessons were learned from individual concerns and complaints and also from analysis of trends and action was taken to improve the quality of care. For example, the practice had reviewed one complaint which indicated that patients had difficulty accessing appointments with the practice nurse. The practice had used the complaint as an opportunity to review whether some appointments with the practice nurse were more appropriate for the health care assistant, for instance, appointments to check blood pressure.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

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

- The practice had a mission statement and although this was not displayed in the waiting areas, staff knew and understood the 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.
- Practice specific policies were implemented and were available to all staff. We saw evidence that the recently appointed practice manager had undertaken a review of all policies and as part of this review, had put in place, a document control system which would facilitate regular reviews and updates.
- A comprehensive understanding of the performance of the practice was maintained. Practice meetings were held monthly 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. The practice maintained a structured risk register where each entry was assigned to a risk owner. A scoring system was used to rank risks based on probability and impact and we saw that actions had been taken to mitigate all identified risks. For instance, the practice had identified governance risks associated with being a sole provider and had worked with a neighbouring practice to develop a reciprocal contingency plan to provide management support in the event of a prolonged absence of the lead GP or practice manager.

- 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 managers 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 lead GP was 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). This included support training for all staff on communicating with patients about notifiable safety incidents. The management team encouraged a culture of openness and honesty. From the sample of three 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 although these were not always minuted.
- 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.
- Staff said they felt respected, valued and supported, particularly by the lead GP 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 practice management 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.
- 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 and 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 instance, the practice was one of the largest providers of GP services to residential homes in the CCG area and had put protocols in place to improve how these services were delivered. The practice had ensured that a named member of staff was responsible for managing prescription requests from residential homes and the practice had recently undertaken an audit of ward round consultation notes and had provided managers in residential homes with a direct dial telephone number to ensure easier access to clinical support.