

# Chichele Road Surgery

## Quality Report

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

### Ratings

Overall rating for this service	Good	
Are services safe?	Good	
Are services effective?	Good	
Are services caring?	Requires improvement	
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 Chichele Road Surgery on 15 December 2016. 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.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Data showed patient outcomes were low compared to the national average for QOF.

- Although some audit and data collection had been carried out, there was no evidence that a programme of audits was being used to drive improvements to patient outcomes.
- Patients said they were treated with compassion and dignity, however not all felt that they were respected by staff. Not all patients felt that they were given enough time or information to make decisions about their treatment. This was not supported by the GP survey findings
- People told us that confidentiality was not always maintained at the reception desk, although there was a private room available for people to speak confidentially to staff.
- We also observed that it was possible to hear patients' names and who they were seeing when receptionists were speaking on the telephone. All reasonable measures had not been taken to ensure confidentiality.
- Information about services and how to complain was available and easy to understand. Improvements were

# Summary of findings

made to the quality of care as a result of complaints and concerns, however the provider could not evidence how learning outcomes were shared with staff.

- The practice had facilities and was 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 and complied with the requirements of the duty of candour.

The areas where the provider must make improvement are:

- Implement further measures to improve patient confidentiality at the reception desk to ensure the privacy of people.

The areas where the provider should make improvement are:

- Review systems to identify carers in the practice to ensure they receive appropriate care and support.
- Consider improving communication with patients who have a hearing impairment and make people aware of translation services available to them.
- Continue to make improvements in the performance for QOF, including patient outcomes in long-term conditions, childhood immunisations and cervical screening programme to align with local and national averages.
- Review complaints systems to include recording and review of all complaints, verbal and written to improve services and share learning outcomes with staff and those involved.
- Develop an ongoing programme of audits to monitor and improve the quality of service being provided to people.
- Review and establish systems to manage uncollected prescriptions.

**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.

Good



- There was an effective system in place 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 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 systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed. However, staff could not consistently tell us the systems in place for managing uncollected prescriptions.
- The practice had carried out a comprehensive infection control audit in December 2016.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Data showed patient outcomes were low compared to the national average. The most recent published results were 87% of the total number of points available, which was lower than the CCG average of 96% and national average of 95%. The practice exception reporting was 3%, which was lower than the CCG and national average of 6%.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- We saw examples of data collection had been taken in response to CCG audits and one clinical audit had been carried out which demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

### Are services caring?

The practice is rated as requires improvement for providing caring services.

Requires improvement



# Summary of findings

- Data from the national GP patient survey showed patients rated the practice in line with others for several aspects of care. However, this did not align with what people told us on the day of inspection.
- On the day of inspection, the seven people we spoke to said there was a lack of confidentiality at the reception desk. We also observed that it was possible to hear patients' names and who they were seeing when receptionists were speaking on the telephone. All reasonable measures had not been taken to ensure confidentiality.
- Patients said they were treated with compassion and dignity most of the time. However, people did not always feel respected by some staff.
- Some people felt that test results and treatment were not always explained and they were not always given enough information to make informed decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- The practice had facilities and was equipped to treat patients and meet their needs.
- Feedback from patients on the day of inspection reported that access to a named GP and continuity of care was not always available quickly, although urgent appointments were usually available the same day.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. The provider could not demonstrate how learning from complaints was shared with staff and other stakeholders.

Good



## Are services well-led?

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

- The practice had a clear vision and strategy to deliver good quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.

Good



# Summary of findings

- 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 was a governance framework, which supported the delivery of the strategy and good quality care. However, the practice could not demonstrate that they had a programme of audits to monitor and improve the quality of service being provided.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients. The patient participation group was active.
- There was focus on continuous development with the changing population and demands.

# 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.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.

Good



### People with long term conditions

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

- Performance for diabetes related indicators was lower than the national average. For example, 60% of people with diabetes on the register who had a blood glucose level of 64mmol/mol or less in the preceding 12 months, compared to the CCG average of 77% and national average of 78%. The practice management told us that this may have been a result of low exception reporting which was 4%, compared to the CCG average of 12% and national average of 13%.
- 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 structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the 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 requires improvement for the care of families, children and young people.

- The practice's uptake for the cervical screening programme was 63%, which was lower than the CCG average of 77% and the national average of 81%.

Requires improvement



# Summary of findings

- Childhood immunisation rates for the vaccinations given were below the national expected coverage of vaccinations of 90%. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 85% to 93% and five year olds from 66% to 81%.
- 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.
- 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.

## Working age people (including those recently retired and students)

The practice is rated as good for the care of working age people (including those recently retired and students).

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible and flexible.
- 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.
- Extended opening hours were available between 6.30pm and 7.30pm every Monday evening.

Good



## People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- 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 informed vulnerable patients about how to access various support groups and voluntary organisations.

Good





# Summary of findings

- 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)

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

- Performance for mental health related indicators was lower than the national average. For example, 81% of patients with schizophrenia, bipolar affective disorder and other psychoses had had a comprehensive, agreed care plan documented in their records, in the preceding 12 months compared to 91% for CCG average and 89% for national average. We found that exception reporting was low at 2% compared to CCG average of 7% and national average of 13%.
- Performance for dementia related indicators was comparable to the national average. For example, 88% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, compared to 86% for CCG average and 84% for national averages.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



# Summary of findings

## What people who use the service say

The national GP patient survey results were published on 7 July 2016. The results showed the practice was performing in line with local and national averages. Three-hundred and sixty-three survey forms were distributed and 75 were returned. This represented 1.2% of the practice's patient list.

- 90% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 81% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 89% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 82% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

We received 22 patient Care Quality Commission comment cards about the service experienced. Most patients said they felt the practice offered a good service and most of the staff were helpful, caring and treated them with dignity and respect. Five comment cards contained negative comments, which related to appointment availability and interactions with clinical and non-clinical staff.

We spoke with seven patients on the day of inspection. They also told us they were satisfied with the care provided by the practice and said their dignity was respected. However, all patients we spoke to said that there was a lack of privacy at the reception desk and it was easy for other people in the queue to over hear their conversations. Six patients said that staff communication could be improved across both clinical and non-clinical staff.

## Areas for improvement

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

- Implement further measures to improve patient confidentiality at the reception desk to ensure the privacy of people.

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

- Review systems to identify carers in the practice to ensure they receive appropriate care and support.
- Consider improving communication with patients who have a hearing impairment and make people aware of translation services available to them.

- Continue to make improvements in the performance for QOF, including patient outcomes in long-term conditions, childhood immunisations and cervical screening programme to align with local and national averages.
- Review complaints systems to include recording and review of all complaints, verbal and written to improve services and share learning outcomes with staff and those involved.
- Develop an ongoing programme of audits to monitor and improve the quality of service being provided to people.
- Review and establish systems to manage uncollected prescriptions.

# Chichele Road Surgery

## 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 and an Expert by Experience.

## Background to Chichele Road Surgery

Chichele Road Surgery provides primary care services to approximately 6,200 registered patients in the surrounding areas of Cricklewood in Brent. The service is provided through a general medical services (GMS) contract. The practice is registered to provide the following regulatory activities: Treatment of disease, disorder or injury; Family planning; Diagnostic and screening procedures, Surgical procedures and Maternity and midwifery services.

The practice is led by one GP partner and one non-clinical partner. There is one male GP and one female GP and two locum GPs. In total the GPs typically provide 10 sessions per week. The practice employs one full time nurse practitioner, one part time nurse and one full time health care assistant. There are four part time receptionists and one practice manager who is the non-clinical partner.

The practice telephone line was open from 8.45am and the practice doors were open between 9am and 6pm Monday to Friday. The practice had a morning walk-in session daily from 9am to 12pm and pre-booked appointments were from 4pm to 6pm daily. The practice had also recently started pre-booked appointments on Friday mornings between 10am and 12pm with the GP, as a result of increased patient list size and demand for more GP appointments. All afternoon appointments were

pre-booked. Extended hours appointments were offered on a Monday evening between 6.30pm and 7.30pm. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them. Out of hours services were delivered by the local HUB, which was available to people Monday to Friday between 6pm and 9pm and on Saturdays between 9am and 3pm and Sundays between 9am and 1pm. People could either call the HUB directly or make an appointment through the practice.

Information taken from the Public Health England practice age distribution shows the population distribution of the practice was similar to that of other practices in England, with the exception of a higher proportion of young, working age people between the ages of 20 years to 50 years. There was a lower proportion of people aged 50 years to 85 years and above compared to other practise in England.

The life expectancy of male patients was 79 years, which is one year less than the CCG and the same as the national average. The female life expectancy at the practice was 83 years, which is

one year less than the CCG average and the same as the national average of 83 years.

Information published by Public Health England rates the level of deprivation within the practice population group as four on a scale of one to 10. Level one represents the highest levels of deprivation and level 10 the lowest.

## 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

# Detailed findings

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.

Chichele Road Surgery had been inspected under our previous methodology on 14 January 2014 and were found to be compliant.

## 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 8 October 2015. During our visit we:

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

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

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

There was an effective system in place 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).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out an analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, we saw as a result of a recent incident that chaperoning policy had changed, and staff that acted as a chaperone were required to remain in the consultation room until the consultation had been completed. We also saw that as a result of investigating significant events the provider had identified a learning point to include a more detailed account of consultations into people's notes to prevent late or missed diagnosis. However, the provider could not demonstrate how they were ensuring all clinicians were implementing this.

### Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had

concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3, nursing staff to level 2 and non-clinical staff 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).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. However, people on the day of inspection told us that the facilities were not usually clean and we received two CQC comment cards, which also supported this. We saw that ceiling and walls were cracked in waiting areas and across the practice and hand washbasins were not suitable in the clinical environment. The providers told us they had applied for an improvements grant from NHS England to fund repairs and make improvements to the building however, this was rejected. The practice manager was the infection control lead. Staff had received up to date training in infection control. We saw that a comprehensive infection control audit had been commenced in December 2016, prior to our inspection and we saw evidence that it had been completed with actions identified days after our inspection.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Staff could not consistently tell us what processes were in place for handling uncollected prescriptions. The practice carried out regular medicines audits, which consisted of data collection, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored

## Are services safe?

and staff told us that all blank prescriptions were removed from clinical rooms at the end of each day and stored in a locked cabinet. One of the nurses was a nurse practitioner and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment). The Health Care Assistant was trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber. (PSD is the traditional written instruction, signed by a doctor for medicines to be supplied and/or administered to a named patient after the prescriber has assessed the patient on an individual basis).

- We reviewed six personnel files and found 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.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the

equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- 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 enough staff were on duty.

### Arrangements to deal with emergencies and major incidents

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



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice assessed needs and delivered care 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 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.

### 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 87.3% of the total number of points available. The practice exception reporting was 3%, which was lower than the CCG and national average of 6%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

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

- Performance for diabetes related indicators was lower than the national average. For example, 60% of people with diabetes on the register who had a blood glucose level of 64mmol/mol or less in the preceding 12 months, compared to the CCG average of 77% and national average of 78%. The practice management told us that this may have been a result of low exception reporting which was 4%, compared to the CCG average of 12% and national average of 13%.
- Performance for mental health related indicators was lower than the national average. For example, 81% of patients with schizophrenia, bipolar affective disorder and other psychoses had had a comprehensive, agreed care plan documented in their records, in the preceding

12 months compared to 91% for CCG average and 89% for national average. We found that exception reporting was low at 2% compared to CCG average of 7% and national average of 13%.

- Performance for dementia related indicators was comparable to the national average. For example, 88% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, compared to 86% for CCG average and 84% for national averages.

There was evidence of quality improvement including clinical audit.

- There had been one clinical audit carried out in the last two years. However, since inspection the GP has completed this audit to show that the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, we saw that an audit had been carried out on two-week referrals for cancer diagnosis. The practice found that during April 2014 and March 2015 a total of 16 cancer diagnosis had been made, out of which 75% had been identified through the two week referral system. The practice carried out a second search during April 2016 to October 2016 and found that four people in total had been diagnosed with cancer in that period with three people being diagnosed through the two week referral system. However, results also showed that half of the people diagnosed could have had earlier intervention. With further investigation, the GPs found that in this group clinical notes were not detailed enough and follow up plans had not been included into people's notes. As a result of the audit the clinical team discussed the importance of making detailed notes into people's as well as flagging up alerts onto people's records to alert other clinicians in the future.
- The practice participated in local audits and we saw the practice had participated in three audits, which consisted of data collection, national benchmarking and peer review.

### Effective staffing

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

# Are services effective?

## (for example, treatment is effective)

- The practice had an informal induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training, which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. 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 and clinical supervision. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

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

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

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were

referred, or after they were discharged from hospital. 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.

### 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. 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. Patients were signposted to the relevant service.
- Smoking cessation advice was available from a local support group.

The practice's uptake for the cervical screening programme was 63%, which was lower than the CCG average of 77% and the national average of 81%. The practice had identified this as an area of improvement and had nominated a member of nursing staff to improve the uptake of cervical screening. This included, encouraging 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. A female practice nurse was available during extended hours on Monday between 6.30pm and 7.30pm to offer the service to working people. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice



## Are services effective?

(for example, treatment is effective)

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 screening.

Childhood immunisation rates for the vaccinations given were below the national expected coverage of vaccinations of 90%. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 85% to 93% and five year olds from 66% to 81%.

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

We observed 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.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- We also observed that it was possible to hear patients' names and who they were seeing when receptionists were speaking on the telephone. All reasonable measures had not been taken to ensure confidentiality.

We received 22 patient Care Quality Commission comment cards about the service experienced. Most patients said they felt the practice offered a good service and most of the staff were helpful, caring and treated them with dignity and respect. Six comment cards contained negative comments, which related to appointment availability and interactions with clinical and non-clinical staff.

We spoke with seven patients on the day of inspection. They also told us they were satisfied with the care provided by the practice and said their dignity was respected. However, all patients we spoke to said that there was a lack of privacy at the reception desk and it was easy for other people in the queue to over hear their conversations. Six patients said that staff communication could be improved across both clinical and non-clinical staff.

Results from the national GP patient survey were not in line with what people told us on the day. The practice was comparable to the local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 87% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 86% and the national average of 89%.

- 87% of patients said the GP gave them enough time compared to the CCG average of 82% and the national average of 87%.
- 87% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 88% and the national average of 95%.
- 83% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 81% and the national average of 85%.
- 83% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 84% and the national average of 91%.
- 86% of patients said they found the receptionists at the practice helpful compared to the CCG average of 84% and the national average of 87%.

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

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff; however, four people we spoke to on the day told us that they did not get sufficient time during consultations to make an informed decision about the choice of treatment available to them. They said that they felt more information about tests and treatment was necessary from both GPs and nursing staff. We also saw that care plans were personalised.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment, which was not in line with what people told us on the day of inspection. Results were in line with local and national averages. For example:

- 87% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and the national average of 86%.
- 83% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 78% and the national average of 82%.
- 89% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 78% and the national average of 85%.

## Are services caring?

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

- Translation services were available for patients who did not have English as a first language. However, when we spoke to staff and patients they were not aware of the service being available.
- Information leaflets were available in easy read format.

### **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.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 13 patients as carers (0.2% of the practice list). Written information was available to direct carers to the various avenues of support available to them.

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

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice offered extended hours on a Monday evening between 6.30pm and 7.30pm for working patients who could not attend during normal opening hours.
- The practice has a walk-in service every morning between 9am to 12pm where people could be seen by a GP or nurse practitioner. The practice had also recently started pre-booked appointments on Friday mornings between 10am and 12pm with the GP. All afternoon appointments were pre-booked.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs, which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS and were referred to other clinics for vaccines available privately.
- There were disabled facilities and translation services available. There was no hearing loop for people who had difficulty in hearing.
- There were consultation rooms on the ground and first floor of the building and there was no lift for people with a disability or mobility problems. Management told us that people with a disability would be seen in a consultation room on the ground floor.
- Appointments could be made and cancelled online and repeat prescriptions could be ordered online. Patients could email the practice with non-urgent concerns or queries.
- The practice can refer people to the dietitian and psychologist who attend the practice fortnightly.

### Access to the service

The practice telephone line was open from 8.45am and the practice doors were open between 9am and 6pm Monday

to Friday. The walk-in clinic was from 9am to 12pm every morning and pre-booked appointments were from 4pm to 6pm daily. The practice had also recently started pre-booked appointments on Friday mornings between 10am and 12pm with the GP. All afternoon appointments were pre-booked. Extended hours appointments were offered on a Monday evening between 6.30pm and 7.30pm. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them. Out of hours services were delivered by the local HUB, which was available to people Monday to Friday between 6pm and 9pm and on Saturdays between 9am and 3pm and Sundays between 9am and 1pm. People could either call the HUB directly or make an appointment through the practice.

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

- 73% of patients were satisfied with the practice's opening hours compared to the CCG average of 72% and the national average of 78%.
- 90% of patients said they could get through easily to the practice by phone compared to the CCG average of 68% and the national average of 73%.

People told us on the day of the inspection that they were not able to get appointments when they needed them. Three people said that it could take up to four to six weeks to book a routine appointment and that their experience of making an appointment was not good. All seven people we spoke with told us that waiting times were long for the walk-in clinic. Two people said that it was becoming increasingly difficult to see a GP as they were always given appointments with the nursing team as a result of a shortage of available GP appointments. The practice told us they were aware of some of the concerns and had introduced additional pre-booked GP appointments on Friday mornings to increase GP appointment availability. The practice had been trailing this for approximately three months and had found that all appointments were being booked.

The results from the national GP patient survey were mixed compared to local and national averages, showing that patient satisfaction with appointments was better than the CCG average but lower than the national average.

# Are services responsive to people's needs?

(for example, to feedback?)

- 32% of patients said that they usually wait more than 15 minutes after their appointment time to be seen, compared to CCG average of 41% and national average of 28%.
- 42% of people said they normally waited too long to be seen, compared to the CCG average of 49% and national average of 35%.

On the day of inspection all seven people we spoke with said waiting times were long when waiting to be seen in the walk-in clinic. They told us that in order to be seen in the morning walk-in session they would have to queue up outside the practice before 8am although the practice doors opened at 8.45am. On the day, people told us that walk-in appointments were fully booked by 9.15am and therefore people who were not able to get an appointment would be advised by reception staff to make a routine appointment, return the following day or go to the HUB for a same day appointment.

The practice had a system in place to assess whether a home visit was clinically necessary; and the urgency of the need for medical attention. GPs would telephone 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 an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system on a posters displayed in the waiting areas of the practice.

We looked at three complaints received in the last 12 months, of which all were formal written complaints and found these were satisfactorily handled and dealt with in a timely way. We were told by management that verbal complaints were not recorded but were dealt with appropriately. Management told us that lessons were learnt from individual concerns and complaints, however these were not documented and there was no evidence of analysis of trends and action taken as a result to improve the quality of care. We did not see evidence of complaints being discussed in meeting minutes or learning shared with the practice team. Some staff we spoke with could recall complaints received however, they were not clear about the learning outcomes.

# 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 good quality care and promote good outcomes for patients.

- The practice had a mission statement and staff knew and understood the values.
- The practice had a strategy and supporting business plans, which reflected the vision and values.

### Governance arrangements

The practice had a governance framework, which supported the delivery of the strategy and good quality care.

- 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.
- A comprehensive understanding of the performance of the practice was maintained.
- Although we saw evidence of data collection the provider could not evidence that there was a programme of continuous clinical and internal audit used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership and culture

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

The provider was aware of and had systems in place 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 partners encouraged a culture of openness and honesty. The practice had systems in place 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 in place and staff felt supported by management.

- Staff told us the practice held regular team meetings every month.
- 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 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 told us that they encouraged and valued feedback from patients, the public and staff.

- The practice told us that they had a patient participation group (PPG) and members met with some of the practice team twice a year. The practice manager told us that in their last meeting they discussed the online services available to people in the practice and discussed ways to encourage people to register to the online service.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

### Continuous improvement

## Are services well-led?

Good 

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

There was a focus on continuous learning and improvement at all levels within the practice. The providers were aware of challenges to the service. These included: the growth of the patient population and succession planning and training for the nursing team.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect <b>How the regulation was not being met:</b> The provider did not always ensure the privacy of patients were maintained at the reception desk. This was in breach of regulation 10(1)(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.