The Forest 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?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Forest Surgery on 7 July 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 an effective 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.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Data from the national GP patient survey showed patient outcomes were lower than local and national averages in relation to appointment access and getting through to the practice on the telephone.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- 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 and complied with the requirements of the duty of candour.

The areas where the provider should make improvement are:

- Ensure the healthcare assistant administers vaccines and medicines against a patient specific prescription or direction from a prescriber.
- Review how carers are identified and recorded on the clinical system to ensure information, advice and support is made available to them.

Summary of findings

- Continue to review the telephone and appointments system to ensure patients can access the surgery and get appointments in a timely manner.

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?

Good

The practice is rated as good for providing safe services.

- 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 clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the national GP patient survey was comparable with CCG and national averages for several aspects of care. For example, 91% of patients said the GP was good at listening to them (CCG 83%; national average 89%).
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.

Summary of findings

- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

Good

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.
- Patients told us they found it difficult to get through on the phone and to make an appointment. This was echoed in the national GP patient survey. The practice demonstrated they had taken some steps to address these findings.
- The practice was well equipped to treat patients and meet their needs. At the time of our inspection, renovation work was being undertaken to increase consulting space, install a lift, reconfigure reception and waiting room to increase auditory privacy and make adaptations in line with the Disability Discrimination Act (DDA) guidelines. This was due to be completed in October 2016.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Good

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- 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 an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- 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.

Summary of findings

- The practice proactively sought feedback from patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

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

Good

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.
- All patients over 75 had a named GP.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Patients who were on the avoidable admissions register and integrated care programme were given a separate number to call to enable them to get through to the practice quickly and by-pass the main phone line.
- The practice were engaged in a local enhanced service with the integrated community care team to focus on patients with long-term conditions, the elderly and people with mental health problems, using a risk stratification model to identify very high risk, high risk and moderate risk of non-elective admission.

People with long term conditions

Good

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was above national average. For example, the percentage of patients with diabetes, on the register, in whom the last HbA1c was 64 mmol/mol or less in the preceding 12 months was 83% (national average 78%) and the percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less was 88% (national average 78%).
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and 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.

Summary of findings

Families, children and young people

Good

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- The percentage of patients with asthma, on the register, who had an asthma review in the preceding 12 months was comparable to the national average (practice 77%, national 75%).
- The practice's uptake for the cervical screening programme was 81%, which was comparable to the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

Good

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services and patients were able to book appointments through an on-line portal provided by the practice's clinical system and via an App in the absence of a practice website.
- The practice offered a 'Commuter's Clinic' from 7am to 8am, Monday to Friday, for working patients who could not attend during normal opening hours.

People whose circumstances may make them vulnerable

Good

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

- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability. Several of the staff had undertaken learning disability awareness training.

Summary of findings

- The practice regularly worked with other health care professionals in the case management of vulnerable patients and informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours. Clinical staff had undertaken Female Genital Mutilation training.
- The practice maintained a register of patients with learning disability, mental health and dementia and demonstrated an alert system on the computer to identify these patients. All staff we spoke with were aware of this system.

People experiencing poor mental health (including people with dementia)

Good

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

- Performance for mental health related indicators was above the national average. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 97% (national average 88%) and the percentage of patient with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months was 100% (national average 90%).
- The Percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months was 95% (national average 84%).
- 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. Several of the staff had undertaken dementia awareness training.

Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. Three hundred and sixteen survey forms were distributed and 98 were returned. This represented 1.4% of the practice's patient list and a response rate of 31%. The results showed the practice was performing below local and national averages for some responses. For example,

- 24% of patients found it easy to get through to this practice by phone compared to the CCG average of 61% and the national average of 73%.
- 60% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 79% and the national average of 85%.
- 79% of patients described the overall experience of this GP practice as good compared to the CCG average of 76% and the national average of 85%.
- 60% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 67% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 60 comment cards which were all positive about the standard of service experienced. Patients said they felt the practice were helpful, caring and treated them with dignity and respect. However, 12 cards contained both positive and negative comments in which the negative comments related to difficulty getting through to the surgery by telephone, getting an appointment and reception staff demeanour.

We spoke with 12 patients during the inspection. All 12 patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. However, some patients told us it was difficult to get through to the practice by phone and they could not always see the GP of their choice.

Areas for improvement

Action the service SHOULD take to improve

- Ensure the healthcare assistant administers vaccines and medicines against a patient specific prescription or direction from a prescriber.
- Review how carers are identified and recorded on the clinical system to ensure information, advice and support is made available to them.
- Continue to review the telephone and appointments system to ensure patients can access the surgery and get appointments in a timely manner.

The Forest 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 The Forest Surgery

The Forest Surgery is located at 2 Macdonald Road, Walthamstow, London E17 4BA. The practice provides NHS primary care services to approximately 7,200 patients living in the Wathamstow area through a General Medical Services (GMS) contract (a contract between NHS England and general practices for delivering general medical services and is the commonest form of GP contract).

The practice is part of NHS Waltham Forest Clinical Commissioning Group (CCG) which consists of 45 GP practices.

The practice operates from a converted residential property with access to four consulting rooms on the ground floor. The first floor is a staff only area. At the time of our inspection the practice were undertaking renovation having received primary care infrastructure funding. The refurbishment, due to be completed in October 2016, would provide two additional consulting rooms on the first floor, a patient lift, reconfiguration of the reception area and waiting room and Disability Discrimination Act (DDA) adaptations. On the day of the inspection we observed the practice to be managing the building work with no apparent disruption to the day-to-day services.

The practice population is in the fourth least deprived decile in England. The practice population of male and female patients between the age brackets 25 to 29 and 30 to 34 is higher than the national averages. Of patients registered with the practice, the majority are eastern European and Asian. The practice has an annual turnover of its patient population of 30%.

The practice is registered as a partnership with the Care Quality Commission to provide the regulated activities of diagnostic and screening procedures; treatment of disease; disorder or injury; maternity and midwifery services; family planning and minor surgery.

The practice staff comprises of one male and one female GP partner (totalling 20 sessions per week), two regular male locum GPs and one female locum GP (totalling eight sessions per week). The clinical team is supported by two practice nurses and three healthcare assistants. The administration team consists of a practice manager, deputy practice manager, two secretaries and 11 administration/ reception staff.

The practice is open 8.30am and 6.30pm on Monday, Tuesday, Wednesday and Friday and from 8.30am to 12.30pm on Thursday. Extended hours are provided every week day morning from 7am to 8am.

The practice provides a range of services including childhood immunisations, chronic disease management, smoking cessation, sexual health, cervical smears and travel advice and immunisation.

When the surgery is closed, out-of-hours services are accessed through the local out of hours service or NHS 111. Patients can also access appointments through several hub practices within Waltham Forest on Saturday and Sunday between 9am and 5pm.

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.

The practice had been previously inspected in October 2013. At that time the practice was found to be meeting all the essential standards.

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 7 July 2016. During our visit we:

- Spoke with a range of staff (GP partners, locum GP, practice nurse, healthcare assistant, practice manager, deputy practice manager and receptionists) 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.

Good

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 policy and 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 used the Royal College of General Practitioners (RCGP) 'Improving Diagnosis of Cancer Toolkit for General Practice' as a framework for discussion for new cancer diagnoses at the practice as part of the signficiant event analysis process.
- 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.
- There was a lead clinician and the practice carried out a thorough analysis of all significant events. All significant events were discussed in the weekly clinical meeting and at the monthly practice meeting. Minutes of all meetings were posted on a notice board in a staff-only area and we saw evidence of recent meeting minutes.
- The practice had recorded eight significant events in last 12 months. For example, as a result of a patient event, the practice reviewed its cancer register to ensure all patients being treated for cancer had been advised that they can apply for an exemption certificate to obtain free prescriptions, even for medication to treat unrelated conditions.

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, the practice had acted upon a Medicines and Healthcare Products Regulatory Agency (MHRA) alert regarding bisphosphonates (a medicine used to treat osteoporosis and similar diseases) and the risk of osteonecrosis (a breakdown of bone due to reduced blood supply) of the external auditory canal. We saw evidence that the practice had undertaken a search of its patients and reviewed those on bisphosphonates.

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. We saw evidence of safeguarding flowcharts in all clinical rooms and on reception.
- There was a lead and deputy lead member of staff for safeguarding. All staff we spoke with knew who the safeguarding leads were. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. The practice maintained a register of vulnerable children and adults and demonstrated an alert system on the computer to identify these patients. All staff we spoke with were aware of this system. 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 safeguarding level three and the practice nurse and healthcare assistant were trained to level two. The GPs had undertaken Female Genital Mutilation awareness training.
- Notices in the consulting rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). All staff we spoke with were aware of their responsibilities as a chaperone and where to stand to observe the procedure.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection

control clinical lead who liaised with the local infection prevention team to keep up-to-date with best practice. There was an infection control protocol in place and staff had received up-to-date training. All staff we spoke with knew the location of the bodily fluid spill kits and had access to appropriate personal protective equipment when handling specimens at the reception desk.

- An infection control audit had been undertaken on 26 June 2016 by the local infection prevention team. We saw evidence that action was taken to address any improvements identified as a result. Some of the action plan was scheduled for completion as part of the practice renovation and refurbishment. For example, installing smooth finish, seamless splash backs to clinical hand wash basins.
- 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). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, 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 and there were systems in place to monitor their use. All prescription printers were locked.
- Patient Group Directions (PGDs) 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). All PGDs had been signed by the practice nurses and prescribing lead. We noted, however, that the healthcare assistant who had been trained to administer vaccines and medicines had also signed the PGDs. Healthcare assistants can only administer vaccines and medicines under a Patient Specific Direction (PSD) from a prescriber (PSDs are a written instruction from a qualified and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis). We discussed this with the practice manager, practice nurse and healthcare assistant at the inspection and immediate steps were taken to ensure the healthcare assistant only administered vaccines and medicines with a written instruction from a qualified and registered prescriber.
- We reviewed five 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. We checked locum doctor files and found all appropriate checks had been carried out.

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 the local health and safety representative. The practice had undertaken a health and safety risk assessment which included a disability discrimination act (DDA) risk assessment as part of the planning and design of the surgery renovation.
- There was a fire procedure in place and we saw evidence that all fire extinguishers and the fire alarm were maintained . There were two trained fire marshals and all staff we spoke with on the day knew who they were. Fire evacuation drills were undertaken regularly and we saw a log of these. All staff we spoke with knew where the fire evacuation point was located.
- The practice had an up-to-date fire risk assessment undertaken in June 2016 and we saw evidence that findings identified had been actioned. For example, the practice had increased the frequency of the fire evacuation drill and the checking of fire exits whilst extensive building work was being undertaken.
- Each clinical room was appropriately equipped. We saw evidence that the equipment was maintained. This included checks of electrical equipment and equipment used for patient examinations. We saw evidence of calibration of equipment used by staff was undertaken in June 2016 and portable electrical appliances had been checked in August 2014. We saw evidence of an electrical wiring check in July 2016.

Good

Are services safe?

- A Legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings) risk assessment had been undertaken in June 2016.
- 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 in the reception area. The practice manager had been trained as a first aider and there was a first aid poster displayed in the reception with the location of the first aid kit and name of the nominated first aider.
- 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. We saw evidence that the plan had recently been reviewed to include contact details for contractors during the practice renovation.

Good

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 on-line and used this information to deliver care and treatment that met patients' needs. Staff had access to Waltham Forest local guidelines through an on-line portal.

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.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators was above national average. For example, the percentage of patients with diabetes, on the register, in whom the last HbA1c was 64 mmol/mol or less in the preceding 12 months was 83% (national average 78%) and the percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less was 88% (national average 78%).
- Performance for hypertension (high blood pressure) was comparable to the national average. For example, the percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less was 84% (national average 83%).
- Performance for mental health related indicators was above the national average. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 97% (national average 88%) and the percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months was 95% (national average 84%).

There was evidence of quality improvement including clinical audit.

- There had been four clinical audits completed in the last two years, two of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation and peer review.
- Findings were used by the practice to improve services. For example, the practice improved its monitoring and recording of routine blood tests for patients on the medicine methotrexate. A first audit cycle revealed 32 patients were prescribed methotrexate and 23 patients had a record of blood monitoring. The second cycle audit found 30 out of the 32 patients had a record of blood monitoring.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, those reviewing patients with long-term conditions had undertaken asthma, chronic obstructive pulmonary disease (COPD) and diabetes update training.
- 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

Good

Are services effective?

(for example, treatment is effective)

training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months. The practice had supported a receptionist to train as a healthcare assistant.

- Staff received training that included: safeguarding, fire safety awareness, basic life support, information governance, confidentiality and equality and diversity. 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.
- The practice used an IT interface system (GP2GP) which enables patients' electronic health records to be transferred directly and securely between GP practices. This improves patient care as GPs will usually have full and detailed medical records available to them for a new patient's first consultation.

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 with integrated community care team, health visitors, district nurses, palliative care team 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 (MCA) 2005. GPs had undertaken MCA training and utilised a standard mental capacity assessment toolkit.
- 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.
- Non-clinical staff had undertaken consent and deprivation of liberty safeguards training.

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 were signposted to the relevant service.
- Smoking cessation advice was available at the practice.
- The practice were engaged in an integrated care management local enhanced service (schemes agreed by commissioners in response to local needs and priorities, sometimes adopting national service specifications) with the Waltham Forest integrated community care team to focus primarily on patients with long-term conditions, the elderly and people with mental health problems, using a risk stratification model to identify very high risk, high risk and moderate risk of non-elective admission.

The practice's uptake for the cervical screening programme was 81%, which was comparable to the CCG average of 81% and the national average of 82%. There was a policy to offer three reminders by letter followed by a telephone reminder 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 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.

Good

Are services effective?

(for example, treatment is effective)

Childhood immunisation rates for the under two year olds ranged from 42% to 71% and five year olds from 74% to 87%.

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.

Good

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. There was a poster in the waiting room which advised patients that this was available.

We received 60 patient Care Quality Commission comment cards and all contained positive views about the service experienced. Patients said they felt the practice were helpful, caring and treated them with dignity and respect. Twelve cards contained both positive and negative comments in which the negative comments related to difficulty getting through to the surgery by telephone, getting an appointment and reception staff demeanour.

We spoke with two members of the patient participation group (PPG). Although they felt the care provided by the practice was good and that they were treated with dignity and respect, there were issues getting through on the phone and making an appointment. However they were aware the practice had tried to improve phone access and planned to increase capacity. They felt the internet booking system had been helpful but some patients were booking appointments ahead 'just in case.'

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

- 91% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 83% and the national average of 89%.
- 88% of patients said the GP gave them enough time compared to the CCG average of 80% and the national average of 87%.
- 96% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 91% and the national average of 95%.
- 88% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 78% and the national average of 85%.
- 92% 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%.

However, 67% of patients said they found the receptionists at the practice helpful which was below the CCG average of 84% and the national average of 87%. The practice told us that they had responded to the result with some internal customer service role-play training and some staff had undertaken on-line customer care and conflict resolution training. We saw evidence of practice meeting minutes where the survey had been discussed and front of house/ customer care guidance had been given.

Care planning and involvement in decisions about care and treatment

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

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

- 88% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 80% and the national average of 86%.
- 79% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 74% and the national average of 82%.

Good

Are services caring?

- 92% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 84% and the national average of 91%.

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

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception area informing patients this service was available. Several of the practice staff spoke other languages. For example, Urdu, Bengali, Punjabi, Pashto and Persian. The practice told us there had been a recent influx of patients from Romania and Poland and the practice had information leaflets available in Romanian and Polish.
- Information leaflets were available in easy read format.
- The practice did not currently have an active website but kept the NHS Choices and My Health London website up-to-date. The practice planned to launch its own website when the building renovations were completed. The practice had an up-to-date practice leaflet which was available to patients. Patients were able to book on-line appointments through an on-line portal provided by the practice's clinical system and via an App in the absence of a website.

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.

The practice had a nominated carers lead. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 42 patients as carers (0.6% of the practice list). All carers were offered an annual influenza vaccine and health check. The practice had a carers pack with information to direct carers to the various avenues of support available to them which included the local Waltham Forest Carers Association. We saw evidence that the practice had recently met with the Carers Association to increase awareness at the practice. The practice captured carer details on the new patient registration form.

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

Good

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 a 'Commuter's Clinic' each week day morning from 7am to 8am for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability and those requiring an interpreter.
- 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 as well as those only available privately.
- There were disabled facilities and translation services available although there was no hearing loop for those patients who were hard of hearing. The practice told us the practice renovation included the installation of a hearing loop. The practice maintained a register of its patient with hearing and visual impairment and an alert system on the computer to identify these patients. All staff we spoke with were aware of this. The practice had access to a sign language service.
- The practice had plans to install a lift as part of the practice renovation to improve access to the new first floor patient area.
- There were baby changing facilities available.

Access to the service

The practice was open between 8.30am and 6.30pm on Monday, Tuesday, Wednesday and Friday. The practice closed at 12.30pm on Thursday. Appointments were from 8.30am to 12.30pm every morning and from 2.30pm to 6.30pm every day except Thursday. Extended hours appointments were offered each week day morning from 7am to 8am. 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. Patients could also access appointments through several hub practices within Waltham Forest on Saturday and Sunday between 9am and 5pm.

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

- 65% of patients were satisfied with the practice's opening hours compared to the CCG average of 71% and the national average of 75%.
- 24% of patients said they could get through easily to the practice by phone compared to the CCG average of 61% and the national average of 73%.

People told us on the day of the inspection that it was often difficult to get through on the phone and to get an appointment. This was echoed in the CCG comment cards and in the national GP survey results.

We saw evidence from practice minutes that the national GP survey had been discussed and the practice told us they had tried various initiatives to address the survey findings. For example, increased capacity of appointments available to book on-line supported by an awareness campaign and the planned use of a test result text messaging services through the clinical system to reduce the volume of calls. The practice told us lack of clinical space had limited the number of clinical sessions. However, the practice was due to complete renovations in October 2016 which would include two extra consulting rooms. The practice told us they had recruited two further GPs to increase clinical sessions to coincide with completion of premises expansion.

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.

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.

Good

Are services responsive to people's needs?

(for example, to feedback?)

- 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. All non-clinical staff had undertaken complaint training.
- We saw that information was available to help patients understand the complaints system including a complaint leaflet and form and poster in the waiting room.

We looked at 14 complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, a patient complained that a vaccine appointment had been cancelled without notification. The patient received an apology and the practice put in place a standard letter to be sent to patients, in addition to a telephone call, when appointments were cancelled.

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 all staff we spoke with were aware of the practice's vision and values.
- The practice had a strategy and supporting business plan which outlined their building expansion project which increased clinical rooms and their proposed increase to the clinical team.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust 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 that had named members of staff in lead roles. For example safeguarding, clinical governance, complaints, information governance.

- Communication across the practice was structured around key scheduled meetings. Meetings included a weekly clinical meeting and a monthly practice meeting. We saw evidence of a standing agenda for meetings and minutes were kept of these and were available to staff on a staff notice board. Staff told us they valued these meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. All staff had undertaken whistleblowing training and had access to the whistleblowing policy.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG was active and met regularly.
- The practice had gathered feedback from staff through staff meetings and appraisals. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

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 practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area.

The practice had been awarded primary care infrastructure funding through the Prime Minister's Challenge Fund and were in the process undertaking renovations to the practice to increase consulting space, install a lift and make adaptations in line with DDA guidance.