Addison Road Medical Practice

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?	Requires improvement
Are services well-led?	Good

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Addison Road Medical Practice on 19 November 2015. The overall rating for the practice was requires improvement. The full comprehensive report published in March 2016 can be found by selecting the 'all reports' link for Addison Road Medical Practice on our website at www.cqc.org.uk.

This inspection was an announced comprehensive inspection on 3 May 2017, carried out to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 19 November 2015. There were breaches in staff training, recruitment processes and complaint procedures. There were also concerns with the recording of and learning from significant events, registration processes for people with no fixed address, the appointment system and access to a GP and the identification of carers. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the practice is now rated as good.

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

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.
- The practice had clearly defined and embedded systems to minimise risks to patient safety.
- Recruitment arrangements for newly appointed staff members followed national guidance; staff members had the appropriate checks including Disclosure and Barring Service checks carried out prior to employment.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- All staff members had completed training relevant to their role including safeguarding and chaperone training.
- Results from the national GP patient survey showed patients were treated with compassion, dignity and

Summary of findings

respect and were involved in their care and decisions about their treatment. However there were issues with patients being able to get through to the practice by telephone and access appointments.

- The practice held extended hours appointments on two weekday evenings per week and on a Saturday. Telephone consultations and online appointment bookings were available daily.
- Information about services and how to complain was available and the practice regularly held health promotion days. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients we spoke with said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There were processes in place to register patients with no fixed address.
- The practice had identified 1% of the patient list as a carer.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.

The areas where the provider should make improvement are:

- Continue to work to improve patient satisfaction with access to services including getting through to the practice by telephone and obtaining an appointment.

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

At our previous inspection on 19 November 2015, we rated the practice as inadequate for providing safe services as the arrangements in respect of reporting, recording and learning from incidents and significant events and staff training including safeguarding and chaperone training were not adequate.

These arrangements had significantly improved when we undertook a follow up inspection on 3 May 2017. The practice is now rated as good for providing safe services.

- From the sample of documented examples we reviewed, we found there was an effective system for reporting and recording significant events; lessons were shared to make sure action was taken to improve safety in the practice. When things went wrong patients were informed as soon as practicable, received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- Patient safety alerts and new clinical guidelines were a standing agenda item at all clinical meetings.
- The practice had clearly defined and embedded systems, processes and practices to minimise risks to patient safety, including a spare fridge to be used in an event that the vaccine/ immunisation fridge broke down.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- All staff had completed mandatory training relevant to their role including safeguarding and chaperone training.
- The practice had good arrangements to respond to emergencies and major incidents.

Are services effective?

Good

At our previous inspection on 19 November 2015, we rated the practice as requires improvement for providing effective services as the arrangements in respect to outcomes from the Quality Outcomes Framework (QOF) being below local and national standards.

These arrangements had significantly improved when we undertook a follow up inspection on 3 May 2017. The provider is now rated as good for providing effective services.

Summary of findings

- Data from the Quality and Outcomes Framework showed patient outcomes were comparable to the CCG and the national averages and exception reporting rates were below the national averages.
- Staff were aware of current evidence based guidance and this was a standing agenda item at clinical meetings.
- Clinical audits demonstrated quality improvement.
- Staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- End of life care was coordinated with other services involved including the out of hours provider.

Are services caring?

Good

At our previous inspection on 19 November 2015, we rated the practice as good for providing caring services.

We undertook a follow up inspection on 3 may 2017 and the practice is still rated good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice comparably with the CCG and national averages for several aspects of care.
- Survey information we reviewed showed that patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- The practice had identified just over 1% of patients as a carer.
- Information for patients about the services available was accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice worked with the PPG and local charities to hold health promotion days.

Are services responsive to people's needs?

Requires improvement

At our previous inspection on 19 November 2015, we rated the practice as requires improvement for providing responsive services as arrangements in respect of recording, investigating and learning from complaints needed improving and patients found it difficult to get through to the practice on the telephone and book a routine appointment with a GP.

Summary of findings

These arrangements had improved when we undertook a follow up inspection on 3 May 2017, however there had been no improvement in patient satisfaction with services. The provider is now rated as requires improvement for providing responsive services.

- The practice understood its population profile and had used this understanding to meet the needs of its population, for example the practice offered appointments on a Saturday for patients who could not attend the practice during the week.
- The practice offered extended hours appointments on two evenings a week and there were telephone consultations and online bookable appointments each day.
- The practice was a part of the local HUB, which provided weekday evening and weekend appointments with a GP and practice nurse when the practice was closed.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- Patients we spoke with said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and evidence from three examples reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Good

At our previous inspection on 19 November 2015, we rated the practice as requires improvement for providing well-led services as not all staff members had knowledge of the practice's vision and strategy and recently appointed staff did not have a formal induction and did not receive a performance review.

These arrangements had significantly improved when we undertook a follow up inspection on 3 May 2017. The practice is now rated as good for providing well-led services.

- 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.

Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice had policies and procedures to govern activity and held regular governance meetings.
- All newly appointed staff members received an induction and there was evidence of appraisals and personal development plans documented in staff files.
- An overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- Staff had received inductions, annual appraisals and attended staff meetings and training opportunities.
- The provider was aware of the requirements of the duty of candour. In two examples we reviewed we saw evidence the practice complied with these requirements.
- The partners encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged with the patient participation group.
- There was a focus on continuous learning and improvement at all levels. Staff training was a priority and was built into staff rotas.
- GPs who were skilled in specialist areas used their expertise to offer additional services to patients.

Summary of findings

The six population groups and what we found

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

Older people

Good

The provider had resolved the concerns for safety, effectiveness and being well-led identified at our inspection on 19 November 2015 which applied to everyone using this practice including this population group. The population group ratings have been updated to reflect this.

The practice is rated as good for the care of older people.

- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice held a register of patient carers.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Where older patients had complex needs, the practice shared summary care records with local care services such as community services and where urgent, the out of hours team.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible for example through the practices health promotion days.
- All these patients had a named GP.

People with long term conditions

Good

The provider had resolved the concerns for safety, effectiveness and being well-led identified at our inspection on 19 November 2015 which applied to everyone using this practice including this population group. The population group ratings have been updated to reflect this.

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

Summary of findings

- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.
- The practice had a specialist respiratory nurse who had expertise on patients with asthma and chronic obstructive pulmonary disease.
- Longer appointments were available for these patients.
- 83% of patients on the diabetes register had a blood pressure reading of 140/80 mmHg or less in the preceding 12 months compared to the CCG average of 80% and the national average of 78%. There was an exception reporting rate of 2%, which was lower than the CCG and national average of 9%.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.
- All these patients had a named GP and there was a system to recall patients for a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

Good

The provider had resolved the concerns for safety, effectiveness and being well-led identified at our inspection on 19 November 2015 which applied to everyone using this practice including this population group. The population group ratings have been updated to reflect this.

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

- From the sample of documented examples we reviewed we found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- Immunisation rates were comparable with the national average for all standard childhood immunisations.
- Patients told us, on the day of inspection, that children and young people were treated in an age-appropriate way and were recognised as individuals.
- The practice provided support for premature babies and their families following discharge from hospital. On receipt of the

discharge notification, patients were booked an appointment to see a GP and the practice ensured that community services such as midwives and health visitors had the relevant information to ensure the family received appropriate and timely support.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- There was a dedicated room available for patients to breastfeed.
- The practice worked with midwives, health visitors and school nurses to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics.
- The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications.

Working age people (including those recently retired and students)

Good

The provider had resolved the concerns for safety, effectiveness and being well-led identified at our inspection on 19 November 2015 which applied to everyone using this practice including this population group. The population group ratings have been updated to reflect this.

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

- The needs of these populations had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care, for example, extended opening hours two evenings a week and Saturday appointments.
- Telephone consultations were available daily at differing times during the day.
- Online appointments were able to be booked during each session.
- PPG meetings were held on a Saturday every other month for ease of access for working patients.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

Summary of findings

People whose circumstances may make them vulnerable

Good

The provider had resolved the concerns for safety, effectiveness and being well-led identified at our inspection on 19 November 2015 which applied to everyone using this practice including this population group. The population group ratings have been updated to reflect this.

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, refugees and those with a learning disability.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- Care plans were reviewed at least annually.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

Good

The provider had resolved the concerns for safety, effectiveness and being well-led identified at our inspection on 19 November 2015 which applied to everyone using this practice including this population group. The population group ratings have been updated to reflect this.

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

- The practice carried out advance care planning for patients living with dementia.

Summary of findings

- 96% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which is higher than the CCG average of 85% and the national average of 84%. Exception reporting was 2% compared to the CCG average of 6% and the national average of 7%.
- The practice specifically considered the physical health needs of patients with poor mental health and dementia, for example these patients had alerts on their notes and were given longer appointments.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- 93% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive agreed care plan documented in the record in the preceding 12 months, compared to the CCG average of 91% and the national average of 89%. There was an exception reporting rate of 1%, which was lower than the CCG average of 7% and the national average of 13%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- Patients at risk of dementia were identified and offered an assessment.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and dementia and all staff members had received mental health training suitable for their role.

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 did not consistently perform in line with local and national averages. Three hundred and fifty eight survey forms were distributed and 110 were returned. This represented 0.7% of the practice's patient list.

- 67% of patients described the overall experience of this GP practice as good compared with the CCG average of 75% and the national average of 85%.
- 55% of patients described their experience of making an appointment as good compared with the CCG average of 65% and the national average of 73%.
- 56% 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 43 comment cards which were all positive about the standard of care received. There was a recurring theme of friendly caring staff members; however there were comments about the difficulty in getting a GP appointment.

We spoke with three patients during the inspection. All three patients said they were happy with the care they received and thought staff were approachable, committed and caring. The practice participated in the Friends and Family Test; between January 2016 and April 2017 924 surveys were completed. Seventy eight percent of patients stated they would be extremely likely or likely to recommend the practice, 10% said they would be neither likely or unlikely to recommend the practice, 11% said they would be unlikely or extremely unlikely to recommend the practice and 1% said they do not know if they would recommend the practice.

Areas for improvement

Action the service SHOULD take to improve

The areas where the provider should make improvement are:

- Continue to work to improve patient satisfaction with access to services including getting through to the practice by telephone and obtaining an appointment.

Addison Road Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector**.**The team included a GP specialist adviser and a practice nurse specialist adviser.

Background to Addison Road Medical Practice

Addison Road Medical Practice is located in a purpose built health centre, which it shares with community services such as phlebotomy and nursing services. The practice is a part of Waltham Forest Clinical Commissioning Group (CCG).

There are 14,200 patients registered with the practice, 27% of which are under the age of 18 which is higher than the national average of 21%. The practice has a deprivation score of 32, which is similar to the CCG average of 30 and higher (more deprived) than the national average of 22%. The practice has two residential homes that it provides GP services to.

The practice has one male GP partner, one female salaried GP and seven sessional GPs who carry out a total of 59 sessions per week and four practice nurses including a respiratory nurse specialist who carry out a total of 16 sessions per week. The practice also has a practice based pharmacist, a health care assistant, a practice manager, a deputy practice manager and 17 reception/administration staff members. The practice is an undergraduate teaching practice and currently has two students.

The practice operates under a Personal Medical Services (PMS) contract (a locally agreed alternative to the standard GMS contract used when services are agreed locally with a practice which may include additional services beyond the standard contract).

The practice is open Monday to Friday between 8:30am to 6:30pm except for Thursdays when it closes at 1pm. The practice is also open on a Saturday between 9am and 1:30pm. Phone lines are answered from 8:30am and appointment times are as follows:

- Monday 8:30am to 12:50pm and 2pm to 7:30pm
- Tuesday 8:30am to 1:20pm and 3:30pm to 7:30pm
- Wednesday 8:30am to 12:10pm and 2pm to 6:20pm
- Thursday 8:30am to 12:40pm
- Friday 9am to 11:50am and 2pm to 6:40pm
- Saturday 9am to 1:20pm

The locally agreed out of hours provider covers calls made to the practice whilst the practice is closed including directing patients to services including 111.

Addison Road Medical Practice operates regulated activities from one location and is registered with the Care Quality Commission to provide treatment of disease disorder or injury, surgical procedures, maternity and midwifery services, diagnostic and screening procedures and family planning.

Why we carried out this inspection

We inspected this service as part of our comprehensive programme. This service had previously been inspected in November 2015 and the overall rating for the practice was

Detailed findings

requires improvement. The full comprehensive report published in September 2016 can be found by selecting the 'all reports' link for Addison Road medical Practice on our website at www.cqc.org.uk.

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.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations such as Addison House Residential Home to share what they knew. We carried out an announced visit on 3 May 2017. During our visit we:

- Spoke with a range of staff including GPs, a nurse, health care assistant, pharmacist, management and reception/ administration staff members. We also spoke with patients who used the service.
- Reviewed the practice's action plan, which was made as a result of the outcomes of the inspection in November 2015.
- Observed how patients were being cared for in the reception area and talked with carers and/or family members
- Reviewed a sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Looked at information the practice used to deliver care and treatment plans.

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

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

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

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

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

Good

Are services safe?

Our findings

At our previous inspection on 19 November 2015, we rated the practice as inadequate for providing safe services as the arrangements in respect of reporting, recording and learning from incidents and significant events and staff training including safeguarding and chaperone training were not adequate.

These arrangements had significantly improved when we undertook a follow up inspection on 3 May 2017. The practice is now rated as good for providing safe services.

Safe track record and learning

There was a system for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was an incident book and a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- From the sample of two documented examples we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. The practice carried out a thorough analysis of the significant events and had documented 35 significant events in the last 12 months.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, we viewed a significant event about a patient who was given a vaccination before they should have, which as a result meant they were unable to have the second and third dose of that vaccine. We saw that the practice contacted the manufacturer of the vaccine to seek advice, contacted the patients' relatives and explained what had happened and gave a verbal and written apology which outlined what measures would be put in place to ensure the incident would not occur again. The practice also discussed this at clinical meetings where actions were agreed to prevent the incident from recurring such as having print outs of all immunisation and vaccine schedules readily available and a lead in the practice who monitors any changes to the schedules.
- The practice also monitored trends in significant events and evaluated any action taken and held an annual significant events meeting where all the significant events for the year were discussed and reviewed.

Overview of safety systems and processes

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

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a GP lead for safeguarding. From the sample of three documented examples we reviewed we found that the GPs provided reports where necessary for other agencies.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs and nurses were trained to child safeguarding level three and non-clinical staff members were trained to level one.
- There was a chaperone policy and notice displayed in the waiting room and all clinical rooms advising patients of the chaperoning service and 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). There was a chaperone folder in the reception areas, staff members who acted as chaperone documented the date, time, reference number of the patient and the clinician who requested the service as well as the procedure that was being carried out; there was also a space to add any comments.

Good

Are services safe?

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place.
- The practice nurse was the infection prevention and control (IPC) clinical lead and was supported by the practice manager who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training. Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.

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

- There were processes for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred. The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems to monitor their use. One of the nurses was specialist respiratory nurse who had expertise in patients with asthma and chronic obstructive pulmonary disease. Patient Group Directions (PGD) had been adopted by the practice to allow nurses to administer medicines in line with legislation. PGD's 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 and patient specific prescriptions or directions (PSD) from a prescriber were produced appropriately. PSD's are 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 reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

Monitoring risks to patients

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

- There was a health and safety policy available.
- The practice had an up to date fire risk assessment and carried out annual fire drills and weekly fire alarm testing. There were designated fire marshals within the practice. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had a spare fridge to be used in case of a breakdown of the fridge that they stored medicines in, there was also an electronic cool box that was used for flu clinics where large numbers of vaccines were kept outside of the fridge so that their optimum temperature as advised by the manufacturers could be maintained.
- The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. All staff booked annual leave in advance and there was a rota system to ensure enough staff were on duty to meet the needs of patients.

Arrangements to deal with emergencies and major incidents

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

Good

Are services safe?

- There was an instant messaging system on the computers in the practice which alerted staff to any emergency, there were also panic buttons in all rooms which were regularly checked to ensure they were in good working order.
- 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 carried out regular practice runs where a staff member would pretend to collapse at different points in the day and staff members had to appropriately react to the emergency, which included alerting GPs and bringing the defibrillator to the scene, this was a timed exercise. Oxygen with adult and children's masks and 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 for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and copies were held by staff members outside of the premises in case of restricted access to the building.

Good

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 19 November 2015, we rated the practice as requires improvement for providing effective services as the arrangements in respect to outcomes from the Quality Outcomes Framework (QOF) being below local and national standards.

These arrangements had significantly improved when we undertook a follow up inspection on 3 May 2017. The provider is now rated as good for providing effective services.

Effective needs assessment

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

- The practice had systems to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through regular discussions at clinical meetings.
- Patient safety alerts were a standard agenda item at practice clinical meetings, we viewed three examples of meetings where these were discussed.

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 93% of the total number of points available compared with the clinical commissioning group (CCG) average of 95% and national average of 95%. There was an overall exception reporting (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) rate of 6%, which was the same as the national average.

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

- Performance for diabetes related indicators was similar to the CCG and national averages. For example 83% of patients on the diabetes register had a blood pressure reading of 140/80 mmHg or less in the preceding 12 months compared to the CCG average of 80% and the national average of 78%. There was an exception reporting rate of 2%, which was lower than the CCG and national average of 9%.
- Performance for mental health related indicators was similar to the CCG and national averages. For example 93% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive agreed care plan documented in the record in the preceding 12 months, compared to the CCG average of 91% and the national average of 89%. There was an exception reporting rate of 1%, which was lower than the CCG average of 7% and the national average of 13%.

There was evidence of quality improvement including clinical audit:

- There had been six clinical audits commenced in the last two years, two of these were completed audits where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, following a patient a medication review for a patient on hydrocortisone replacement medicine for Addison's disease, the GP found out that the patent was unaware of many important details about managing their condition. As a result the practice carried out an audit of all patients being prescribed a hydrocortisone replacement and seven patients were found. The first audit showed that 34% of patients were aware of the sick day rules (instructions to follow when acutely ill), 14% knew that injectable hydrocortisone was available, 14% of patients knew that they should have two months worth of medicine in reserve, none of the patients had awareness of grapefruit juice and liquorice advice and none had knowledge of the Addison's website. The practice discussed the results a clinical meeting where NICE guidelines were reviewed and it was agreed to do a review of each patient. The second audit showed that 100% of patients were aware of the sick day rules, 100% of patients had awareness that injectable hydrocortisone was available and five out of the seven

patients were provided with it (two refused). One hundred percent of patients were provided with an extra supply of medicine, 100% of patients had awareness of grapefruit and liquorice advice and 100% of patients were aware of the Addison's website. The practice shared its findings with all Waltham Forest practices at a CCG meeting.

Effective staffing

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. 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 and carrying out cervical cytology.
- 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 attending updates, access to on line resources and discussion at nurses forums and 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, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- From the sample of six documented examples we reviewed we found that the practice shared relevant information with other services in a timely way, for example when referring patients to other services.

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

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

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 regular discussions at practice meetings.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, patients with cancer, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.

Good

Are services effective?

(for example, treatment is effective)

- Smoking cessation advice was available on the premises and a dietician was available from a local support group.
- The practice followed strict guidelines on when to provide antibiotics and provided patients with a form and information when they were not prescribed antibiotics and when to seek further help.

The practice's uptake for the cervical screening programme was 82%, which was similar to the CCG and the national average of 81%. Exception reporting was 5%, which was lower than the CCG average of 10% and similar with the national average of 7%. There was a policy to offer telephone or written reminders for patients who did not attend for their cervical screening test. There were failsafe systems to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and they ensured a female sample taker was available.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer. For example, 67% of female patients aged between 50 and 70 years old had been screened for breast cancer in the past three years compared to the CCG average of 69% and the national average of 73%. Forty percent of patients aged 60 to 69 were screened for bowel cancer in the past 30 months compared to the CCG average of 49% and the national average of 58%.

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.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were comparable to the national averages. For example, rates for the vaccines given to under two year olds ranged from 90% to 92% and five year olds from 84% to 90%, compared to the national average of 90%. The practice held two immunisation clinics a week for patients and patients could also book at any time that was convenient to them, we saw that immunisation promotional posters and leaflets were displayed in the patient waiting area.

Good

Are services caring?

Our findings

At our previous inspection on 19 November 2015, we rated the practice as good for providing caring services.

We undertook a follow up inspection on 3 may 2017 and the practice is still rated good for providing caring services.

Kindness, dignity, respect and compassion

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

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

All of the 43 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

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

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

- 85% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 83% and the national average of 89%.
- 82% of patients said the GP gave them enough time compared to the CCG average of 80% and the national average of 87%.
- 93% 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%.
- 80% 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%.
- 97% of patients said the nurse was good at listening to them compared with the CCG average of 86% and the national average of 91%.
- 95% of patients said the nurse gave them enough time compared with the CCG average of 87% and the national average of 92%.
- 97% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 94% and the national average of 97%.
- 94% 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%.
- 74% of patients said they found the receptionists at the practice helpful compared with the CCG average of 83% and the national average of 87%.

The views of external stakeholders were positive and in line with our findings. For example, the manager of a local residential home where some of the practice's patients lived praised the care provided by the practice. The manager stated that the practice was very responsive and had given the home a separate telephone number where the GP could be reached at any time during working hours in case of emergency.

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.

Good

Are services caring?

We were told by patients that children and young people were treated in an age-appropriate way and recognised as individuals.

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

- 81% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 79% and the national average of 86%.
- 76% 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%.
- 93% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 85% and the national average of 90%.
- 86% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 80% and the national average of 85%.

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

- Staff told us that interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available. Patients were also told about multi-lingual staff who might be able to support them.
- Information leaflets were available in easy read format and other languages.
- The Choose and Book service was used with patients as appropriate. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital.
- The practice worked with the patient participation group (PPG) held health open days to speak with patients about the services the practice offered and how to access them.

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 186 patients as carers (1% of the practice list). Written information was available to direct carers to the various avenues of support available to them. Older carers were offered timely and appropriate support. The practice worked with carers charities and held open days for carers where they were provided with information, advice and support. Carers were also offered an annual review and flu vaccination.

A member of staff acted as a carers' lead to help ensure that the various services supporting carers were coordinated and effective.

Staff told us that if families had experienced bereavement, the 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.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection on 19 November 2015, we rated the practice as requires improvement for providing responsive services as arrangements in respect of recording, investigating and learning from complaints needed improving and patients found it difficult to get through to the practice on the telephone and book a routine appointment with a GP.

These arrangements had improved when we undertook a follow up inspection on 3 May 2017, however there had been no improvement in patient satisfaction with services. The provider is now rated as requires improvement for providing responsive services.

Responding to and meeting people's needs

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

- The practice offered extended hours on a Monday and Tuesday evening until 7.30pm and was also open for four and a half hours on a Saturday for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability, patients who did not have English as a first language and those with complex clinical needs.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- Same day appointments were accessible for all patients and children and those patients with medical problems that require same day consultation would also be seen by a GP even if appointments had run out.
- The practice was a part of a local HUB, which provided GP and nursing appointments to patients on weekday evenings and on weekends.
- The practice sent text message reminders of appointments and test results.
- Patients were able to receive travel vaccines available on the NHS and those only available privately were referred to other clinics.
- There were accessible facilities, which included a hearing loop, and interpretation services available.
- There was a room a private room available for patients who wanted to breastfeed.
- The practice has considered and implemented the NHS England Accessible Information Standard to ensure that disabled patients receive information in formats that they can understand and receive appropriate support to help them to communicate.

Access to the service

The practice was open Monday to Friday between 8:30am to 6:30pm except for Thursdays when it closed at 1pm. The practice was also open on a Saturday between 9am and 1:30pm. Phone lines were answered from 8:30am and appointment times were as follows:

- Monday 8:30am to 12:50pm and 2pm to 7:30pm
- Tuesday 8:30am to 1:20pm and 3:30pm to 7:30pm
- Wednesday 8:30am to 12:10pm and 2pm to 6:20pm
- Thursday 8:30am to 12:40pm
- Friday 9am to 11:50am and 2pm to 6:40pm
- Saturday 9am to 1:20pm

The locally agreed out of hours provider covered calls made to the practice when the practice was closed.

In addition to pre-bookable appointments that could be booked up to four weeks in advance, there were also same day bookable appointments and urgent appointments were also available for patients that needed them.

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

- 70% of patients were satisfied with the practice's opening hours compared with the CCG average of 72% and the national average of 76%.
- 34% 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%.
- 78% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 79% and the national average of 85%.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

- 89% of patients said their last appointment was convenient compared with the CCG average of 88% and the national average of 92%.
- 55% of patients described their experience of making an appointment as good compared with the CCG average of 65% and the national average of 73%.
- 46% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 45% and the national average of 58%.

The practice were aware of their low patient satisfaction scores regarding patients being able to get through to the practice by telephone and patient experience making an appointment. The practice carried out its own patient survey and the Patient Participation Group (PPG) ran focus groups to look more deeply into the issues and found that due to the reception desk being very busy it took receptionists too long to answer telephone calls and there were not enough appointments to meet the demand of patients. As a result of this an appointment audit was completed, which led to an increase in GP appointments, for example from 597 in April 2016 to 739 in April 2017 and a change in the appointment system allowing for more same day bookings and an increase in telephone consultation and online booking appointments. There was also a campaign to educate patients on which clinician to see for what illnesses. The practice also decided that all telephone calls should be taken away from the front desk and there was a minimum of two staff members answering the telephones at any one time. In May 2017 the telephone provider is scheduled to be changed to enable a queuing system at the request of patients. The results of this is expected to be reflected in the next National GP Patient Survey. The practice was also actively trying to recruit GPs to partnership or salaried posts.

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

The practice had a system to assess:

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

Reception staff would inform the GP when a home visit request was received, the GP would then contact the patient to assess the need for a home visit and arrange a time to visit. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager handled all complaints in the practice and was supported by the GP partner if the complaint was regarding a clinical issue.
- We saw that information was available to help patients understand the complaints system. There was a complaints poster displayed in the patient waiting area, there was a dedicated complaints leaflet and information was in the practice leaflet and on the practice website.

We looked at three out of 34 complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way with openness and transparency. Lessons were learned from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, we viewed a complaint from a patient who was unhappy that they were made to leave the practice building after being abusive to reception staff members. We saw minutes of a practice meeting where the incident was discussed, the zero tolerance policy was reiterated and staff members were reminded that when they feel threatened they should use panic buttons as soon as possible to enable timely help. The lone working policy was also reviewed and remained that there should always be a minimum of two staff members working at reception at any one time.

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 which was displayed in staffing areas and staff we spoke with knew and understood the values.
- The practice had a clear strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities as well as the roles of their colleagues. GPs and nurses had lead roles in key areas, including long term conditions, safeguarding and infection control.
- Practice specific policies were implemented and were available to all staff on the practices computer system and also in paper copy. These were updated and reviewed regularly.
- A comprehensive understanding of the performance of the practice was maintained. Practice meetings were held monthly which provided an opportunity for staff to learn about the performance of the practice.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. The practice had a fire risk assessment and an infection control audit. Patient safety alerts were a standing agenda item at practice meetings.
- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints.

Leadership and culture

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

The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. From the sample of two documented examples we reviewed we found that the practice had systems to ensure that when things went wrong with care and treatment:

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

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

- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- Staff told us the practice held regular team meetings and sessional GPs were required to attend clinical 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. We noted team away days were held every 12 months. Minutes were comprehensive and were available for practice staff to view.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

Are services well-led?

Good

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

- patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met once a month and alternated a weekday evening and Saturday afternoon and carried out patient surveys and submitted proposals for improvements to the practice management team. For example, as a result of requests from the PPG the layout of the patient waiting area was changed and the seating was moved further away from the reception desk to give patients more privacy.
- the NHS Friends and Family test, complaints and compliments received
- staff through staff away days and generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. For example, as a result of staff feedback a safeguarding flow chart was designed to make it easier to understand when and where to send information and under what circumstances, staff cover arrangements were also formalised to cover religious festival periods. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. The practice had good system for recording consent for baby immunisations which involved explaining the whole childhood immunisation programme to parents when the child is eight weeks old and getting written consent and then verbal recorded consent for every immunisation thereafter, the name of the consenting parent was also recorded in the patient record. The practice also had good systems for testing whether their emergency procedures were effective, which included role play to see how long it took for a GP to attend a patient in the waiting area who required the use of a defibrillator.