

# Orient 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

Requires improvement



Are services safe?

Good



Are services effective?

Requires improvement



Are services caring?

Requires improvement



Are services responsive to people's needs?

Good



Are services well-led?

Good



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Orient Practice on 17 January 2017. Overall the practice is rated as requires improvement.

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

- Audits were single cycle; changes were made as a result but improvements were not monitored.
- Patients rated the practice below local and national averages for several aspects of care.
- The practice had identified less than 1% of the patient list as a carer.
- 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.
- There were weekly reviews of patient consultation notes and referrals leaving the practice to monitor consistency and that guidelines were followed and learning was shared.
- The practice's QOF and exception reporting results were comparable with the CCG and national averages.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent and extended hours appointments available each day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

# Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvement are:

- Review the practice system for identifying and recording patient carers to ensure that adequate support is provided to them.

- Review the quality improvement programme, including clinical audits and re-audits to monitor improvement to patient outcomes.
- Work to improve the GP patient satisfaction scores.
- Continue to work to improve patient uptake of breast and bowel screening.

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

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had 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.
- On a weekly basis random samples of consultations were reviewed to monitor consistency and that guidelines were being followed, and learning and outcomes were shared with staff members.

### Are services effective?

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

Requires improvement



- Clinical audits were single cycle; changes were made as a result but improvements were not monitored.
- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were in line with the local and national averages.
- Exception reporting rates were comparable with the CCG and national averages.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- 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.
- All referrals leaving the practice were reviewed by the clinical lead and any learning found was shared with staff members.

# Summary of findings

## Are services caring?

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

- Data from the national GP patient survey showed patients rated the practice below the CCG and national averages for several aspects of care.
- The practice identified less than 1% of its patient list as a carer.
- 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.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice had a regular newsletter to inform patients about what was going on in the practice and how to get involved in practice matters.

**Requires improvement**



## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, the practice was working with NHS England to develop services for homeless patients, which they would pilot in the practice.
- Patients 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 extended hours on Monday to Friday until 8pm and was open on a Saturday.
- Telephone consultations were available in the morning and afternoon.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- 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.

**Good**



## Are services well-led?

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

**Good**



# Summary of findings

- 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.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.
- There was a system for reviewing consultation records to ensure there was consistency in recording and guidelines were being followed.

# Summary of findings

## The six population groups and what we found

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

### Older people

The practice is rated as requires improvement for providing effective and caring services. The issues identified as requiring improvement overall affected all patients including this population group.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- All these patients had a named GP.
- Patients were offered an annual health check and influenza vaccination.

**Requires improvement**



### People with long term conditions

The practice is rated as requires improvement for providing effective and caring services. The issues identified as requiring improvement overall affected all patients including this population group.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- 85% of patients on the diabetes register last measure of cholesterol was 5mmol/l or less, which was comparable to the CCG average of 77% and the national average of 80%.
- 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.

**Requires improvement**



### Families, children and young people

The practice is rated as requires improvement for providing effective and caring services. The issues identified as requiring improvement overall affected all patients including this population group.

- 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.

**Requires improvement**



# Summary of findings

- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- 85% of women aged 25 to 64 had a record of a cervical screening test being performed in the preceding five years documented in their record, which was comparable to the CCG and national average of 82%.
- The practice offered implants and coil insertion and removals to registered patients as well as patients from local practices.
- 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)**

The practice is rated as requires improvement for providing effective and caring services. The issues identified as requiring improvement overall affected all patients including this population group.

- 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 as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice offered evening extended hours appointments five days a week and was open on a Saturday.
- Telephone consultations were available in the morning and afternoon so patients could have access before work, after work and on their breaks.

**Requires improvement**



## **People whose circumstances may make them vulnerable**

The practice is rated as requires improvement for providing effective and caring services. The issues identified as requiring improvement overall affected all patients including this population group.

- The practice held a register of patients living in vulnerable circumstances including homeless people, refugees, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice worked with homeless charities to encourage patients to register and ensure their needs were being met.

**Requires improvement**





# Summary of findings

- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- 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.
- All staff members had received vulnerable adults training.

## People experiencing poor mental health (including people with dementia)

The practice is rated as requires improvement for providing effective and caring services. The issues identified as requiring improvement overall affected all patients including this population group.

- 83% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which is similar to the national average of 84%.
- 93% of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive agreed care plan documented in their record in the preceding 12 months, which was similar to the national average of 89%.
- Patients were offered priority access to appointments.
- 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.

**Requires improvement**



# Summary of findings

## What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was sometimes performing below local and national averages. Three hundred and sixty six survey forms were distributed and 73 were returned. This represented 1% of the practice's patient list.

- 71% 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%.
- 71% 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 68% and the national average of 76%.
- 70% of patients described the overall experience of this GP practice as good compared to the CCG average of 75% and the national average of 85%.
- 66% 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 69% and the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 34 comment cards which were all positive about the standard of care received. There was a recurring theme of kind, friendly and professional staff.

We spoke with two patients during the inspection. Both patients said they were extremely satisfied with the care they received and thought staff were approachable, committed and caring and dedicated to giving personalised patient care. The practice participated in the Friends and Family Test, during November and December 2016, 279 surveys were completed where 93% stated they would be extremely likely or likely to recommend the practice, 5% said they would be neither likely or unlikely to recommend the practice, 1% stated they would be unlikely to recommend the practice and 1% said they did not know whether they would recommend the practice.

## Areas for improvement

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

The areas where the provider should make improvement are:

- Review the practice system for identifying and recording patient carers to ensure that adequate support is provided to them.
- Review the quality improvement programme, including clinical audits and re-audits to monitor improvement to patient outcomes.
- Work to improve the GP patient satisfaction scores.
- Continue to work to improve patient uptake of breast and bowel screening.

# Orient Practice

## Detailed findings

### Our inspection team

#### **Our inspection team was led by:**

Our inspection team was led by a CQC Lead Inspector who was supported by a GP specialist adviser.

### Background to Orient Practice

The Orient Practice is managed by Forest Community Health Limited and is located in a purpose built building with one other practice and other community services such as phlebotomy within a residential area of Waltham Forest. The practice is a part of Waltham Forest Clinical Commissioning Group (CCG) and up until August 2016 was also a walk-in centre.

There are 8,586 patients registered with the practice, 2% of which are aged over 60. Eight five percent of the practice population is in paid work or full time education, which is higher than the CCG average of 65% and the national average of 62%. The practice has a large number of patients of eastern European decent and 38% of patients do not have English as a first language and require an interpreter. The practice also has 42 registered homeless patients.

The practice is managed by a board which is made from three companies and has one male GP Director, two male and one female salaried GPs, and nine regular sessional GP's who carry out a total of 17 sessions per week, one female practice nurse and one regular locum nurse carrying out six sessions per week, two health care assistants and one independent prescribing practice pharmacist. There is one practice manager, one assistant practice manager and nine reception/administration staff members.

The practice operates under an Alternative Provider Medical Services (APMS) (a locally negotiated contract open to both NHS practices and voluntary sector or private providers e.g. many walk-in centres) contract which ends on 31 March 2017; the practice is currently out to tender by the CCG.

The practice is open Monday to Friday between 8am and 8pm and Saturday between 8am to 1pm. Phone lines are open from 8am, appointments run concurrently throughout each day. The locally agreed out of hours provider covers calls made to the practice whilst it is closed.

The Orient Practice operates regulated activities from one location and is registered with the Care Quality commission to provide maternity and midwifery services, treatment of disease, disorder or injury and diagnostic and screening procedures.

### Why we carried out this inspection

We inspected this service as part of our comprehensive programme. This service had previously been inspected and met the requirements of each of the domains.

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.

# Detailed findings

## 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 17 January 2017. During our visit we:

- Spoke with a range of staff including, GP's a nurse, managers and reception/administration staff members. We also spoke with patients who used the service.
- Observed how patients were being cared for and talked with family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

- Is it safe?
- Is it effective?

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and follow this up by completing a significant event form and emailing this to the practice manager who saved a copy on the practice's shared drive, which all staff members had access to. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, we looked at two out of five significant events completed in the preceding eight months, one of which was about a staff member who slipped and fell due to the floor being wet as it was recently mopped by the buildings cleaner. We saw that the practice contacted the building manager and agreed to have the floors dried by 7:30am each morning before patients and staff entered the building. This was also discussed at a practice meeting.

Due to there being a large number of GPs working at the practice on different days, as well as having clinical meetings where clinical significant events and patient safety alerts were discussed, the practice had a system for clinical email discussion whereby the clinical director would group email all the clinical staff with safety updates which would spark a group discussion and actions agreed. Staff would confirm that they have read the email and would adhere to the actions.

### 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 on the practice's computer shared drive and in hard copy. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead GP for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and nurses were trained to child safeguarding level 3 and non-clinical staff were trained to level 1.
- A notice in the waiting room and consultation 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).
- 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 teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Regular infection control 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 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 such as methotrexate used in the treatment

## Are services safe?

of arthritis. 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. 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.)

- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire alarm testing and twice yearly fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty and extra staff members worked during busy periods.
- On a weekly basis the clinical director reviewed a sample of consultations from the previous week from all the GPs to ensure guidelines were being followed and there was consistency in how consultations were being recorded. Feedback was given to all GPs and good practice shared amongst staff.

### 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 all the computers in the practice which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. Copies of the plan were also held outside of the practice premises.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. Guidelines were discussed at clinical meetings and we saw evidence of email discussions about guidelines.
- The practice monitored that these guidelines were followed through random sample checks of patient records.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 93% of the total number of points available with a 7% exception reporting rate. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

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

- Performance for diabetes related indicators was similar to the national average. For example the percentage of patients on the diabetes register whose last measured total cholesterol was 5mmol/l or less was 85% compared to a CCG average of 77% and a national average of 80%. Exception reporting was lower than the CCG and national average at 8% compared to a CCG average of 12% and a national average of 13%.
- Performance for mental health related indicators was similar to 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 their record in the preceding 12 months was 93% compared to the CCG average of 81% and the national average of 89%. Exception reporting was 10% compared to a CCG average of 7% and a national average of 13%.

- The percentage of patients diagnosed with dementia whose care plan had been reviewed in a face to face review in the preceding 12 months was 83% compared to a CCG average of 85% and a national average of 84%. Exception reporting was 14%, which was higher than the CCG average of 6% and the national average of 7%; however this was because the practice had a low number of patients (seven) with dementia and only one was exception reported.

There was evidence of quality improvement, but there were no completed clinical audit cycles.

- There had been three clinical audits completed in the last 18 months, none of these were completed audits where the improvements made were monitored.
- The practice participated in local audits, national benchmarking, accreditation and peer review. For example the practice had a system where all referrals that leave the practice are peer reviewed to assess the suitability of the referral and share any learning, as a result of this it was found that one GP was an outlier for their two week wait referrals as their conversion rate was 2.6% compared to the average of 11%. We saw evidence that this was discussed with the GP who at the time of the inspection was reviewing the two week wait guidance against their referrals made.
- There was a process for reviewing consultations to ensure the recording was consistent and guidelines were being followed, outcomes, changes and learning was shared with all relevant clinical staff members.
- Findings were used by the practice to improve services. For example, recent action taken as a result of an audit aimed at improving the uptake of implants and coil insertion found that between June 2015 and August 2016 44 procedures were carried out and approximately 95% were booked by the GP who completed the procedure. One hundred percent of patients had a consent form scanned into the clinical system and 100% of patients who had a coil inserted had swabs done and results ready before the insertion. As a result of the audit, the practice educated reception staff on the



# Are services effective?

## (for example, treatment is effective)

procedures and when they can be booked and introduced a protocol to smooth out the booking procedure for patients wishing to have an implant or coil inserted.

Information about patients' outcomes was used to make improvements such as: ensuring that telephone consultations were available during morning and afternoon GP sessions to allow ease of access to services for patients who were only able to contact the practice at certain times.

### 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, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by attending updates, access to on line resources and discussion at practice and local nurse 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, mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

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

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

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

### Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- When parents refuse a baby immunisation, they sign a written immunisation decline form, which is scanned into the patient record and is sent to child health team.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

### Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example:



# Are services effective?

(for example, treatment is effective)

- Patients receiving end of life care, homeless patients, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- A dietician and smoking cessation advice was available on the premises.

The practice's uptake for the cervical screening programme was 85%, which was comparable to the CCG and national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and they ensured a female sample taker was available. 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; however the uptake for this was lower than the CCG and national averages. For example 38% of females aged between 50 and 70 were screened for breast cancer in the preceding 36 months compared to the CCG

average of 63% and the national average of 72%. 38% of patients aged between 60 and 69 were screened for bowel cancer in the preceding 30 months compared to the CCG average of 49% and the national average of 58%. The practice were aware of its low scores and advertised the service around the practice, the clinical staff spoke with patients who fell within the age brackets and advised them to expect the invitation for the screening. When the practice received notifications that patients had not attended their appointments they would contact the patient and encourage them to rebook.

Childhood immunisation rates for the vaccinations given were below CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 75% to 90% compared to the 90% standard. Five year olds MMR dose one and two immunisation rates were 82% compared to the CCG average of 77% to 89% and the national average of 88% to 94%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. There were also signs in the waiting area advising patients of this.

All of the 34 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 two members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards 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 scored below the local and national averages for most of its satisfaction scores on consultations with GPs and nurses. For example:

- 72% 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%.
- 72% of patients said the GP gave them enough time compared to the CCG average of 79% and the national average of 87%.
- 76% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 86% and the national average of 92%.

- 62% 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%.
- 74% 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%.
- 85% of patients said they found the receptionists at the practice helpful compared to the CCG average of 83% and the national average of 87%.

The practice was aware of its low patient satisfaction scores and explained that this was because up until August 2016 the practice was also a walk-in centre which affected their results. The practice used the Friends and Family Test on non-walk-in patients only, results supported that practice specific patients were happy with the service they were being provided, during November and December 2016; 279 surveys were completed where 93% stated they would be extremely likely or likely to recommend the practice, 5% said they would be neither likely or unlikely to recommend the practice, 1% stated they would be unlikely to recommend the practice and 1% said they did not know whether they would recommend the practice.

### 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 did not always respond positively to questions about their involvement in planning and making decisions about their care and treatment. Results were sometimes below local and national averages. For example:

- 70% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 79% and the national average of 86%.

## Are services caring?

- 59% 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%.
- 78% 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 explained that the low patient satisfaction scores were due to the fact that until August 2016 the practice was also a walk-in centre.

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 different languages in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.
- The practice displayed posters advising of services that were available.
- The practice worked with charities that supported homeless patients to ensure they were getting the care that they needed.

### **Patient and carer support to cope emotionally with care and treatment**

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 34 patients as carers, which was less than the expected 1% of the practice list, however only 2% of the practice patient list was over 60 years old, there were only six housebound patients and one patient on the palliative care register, 11 patients had a learning disability and only seven patients had dementia, which accounted for the low number of carers. Written information was available to direct carers to the various avenues of support available to them, carers were offered an annual review as well as the flu vaccination.

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 and/or by giving them advice on how to find a support service.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example the practice was working with NHS England to help develop schemes for homeless patients and ex-offenders, which would be trialled in their practice.

- The practice offered extended hours on a Monday to Friday evening until 8pm for working patients who could not attend during normal opening hours, the practice also opened on a Saturday.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS and those only available privately were referred to other clinics.
- There were disabled facilities, a hearing loop and translation services available.
- The practice had a lift for ease of access for patients and staff members with limited mobility.
- The practice registered homeless patients and used the practice address or a local charity as the patients registered address, these patients were given priority access to appointments and when necessary would be seen without an appointment.

### Access to the service

The practice was open Monday to Friday between 8am and 8pm and Saturday between 8am to 1pm. Telephone lines were open from 8am and appointments ran concurrently throughout each day. Each salaried GP sessions consisted of 15 face to face appointments and six telephone consultations and regular locum sessions consisted of 18 face to face appointments.

The locally agreed out of hours provider covered calls made to the practice whilst it is closed.

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

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

- 88% of patients were satisfied with the practice's opening hours compared to the CCG average of 73% and the national average of 78%.
- 71% 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 they were able to get appointments when they needed them.

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.

Reception staff members passed the details of patients requesting a home visit to the GP who would call the patient and assess whether a home visit was required. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

### Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager was responsible for handling all complaints in the practice.
- We saw that information was available to help patients understand the complaints system, information was on the practice website and also in the practice leaflet.

There had been eight complaints received in the last eight months, we looked at two and found these were satisfactorily handled and dealt with in a timely way with openness and transparency. Lessons were learnt from individual concerns and complaints and also from analysis

## Are services responsive to people's needs? (for example, to feedback?)

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 refused a medicine from a GP because they did not have a six month review, when in fact the

medicine only required an annual review. We saw that the patient received an apology and this was discussed in a clinical meeting where the prescribing policy was changed and agreed in line with NICE guidelines.

# 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 staff knew and understood the values.
- The practice had an effective strategy and supporting business plans which reflected the vision and values and were regularly monitored.

### Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities as well as the roles of other staff members. There was a system in place to ensure that staff were trained to cover each other's roles not just their own.
- Practice specific policies were implemented and were available to all staff on the computer shared drive and in hard copy.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of clinical and internal audit was used 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 board member 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 GPs 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.
- Incidents were always discussed with relevant staff members.

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

- Staff told us the practice held regular team 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.
- Staff said they felt respected, valued and supported, particularly by the practice manager. 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, 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 met regularly, but there was little engagement from patients so the practice initiated a virtual group to run alongside the face to face patient group and produced a regular patient newsletter. As a result of requests from the PPG the practice installed a line at the reception desk which patients had to wait behind to increase patient privacy at the desk.

# Are services well-led?

Good 

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

- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run and gave the example of being involved in discussions about the design of the appointment system.

## Continuous improvement

There was a focus on 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 was working with NHS England to develop services for homeless patients which they would pilot in their practice. There was a process for reviewing consultations to ensure the recording was consistent and guidelines were being followed, this was also done for referrals where all referrals leaving the practice was reviewed and learning was shared.