

Dr David Monkman

Quality Report

East Barnet Health Centre
149 East Barnet Rd
Barnet EN4 8QZ
Tel: 020 8440 7417
Website: www.eastbarnetgpsurgeries.co.uk

Date of inspection visit: 30 November 2016
Date of publication: 21/02/2017

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

Ratings

Overall rating for this service	Good	
Are services safe?	Good	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Good	

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	10

Detailed findings from this inspection

Our inspection team	11
Background to Dr David Monkman	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr David Monkman on 30 November 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- 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.

- Arrangements were in place so that patients who wished to speak with a female GP could do so.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvement are:

- Review the current prescription management system to ensure that all repeat prescriptions include a review date and consider making contact with patients who have not collected prescriptions after a reasonable period.
- Put steps in place to improve monitoring of blank prescription pads.
- Review the process used to manage incoming correspondence to ensure that all actions are taken in a timely fashion and documents closed on completion.

Summary of findings

- Continue to monitor patient satisfaction with the telephone service provided to determine whether actions taken have improved satisfaction levels.

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.

- 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.

Good



Are services effective?

The practice is rated as good for providing effective services.

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

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- 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.

Good



Summary of findings

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

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and clinical commissioning group to secure improvements to services where these were identified.
- Patients 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.
- Arrangements were in place so that patients who wished to speak with a female GP could do so.
- 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.

- 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 lead GP 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.

Good



Summary of findings

- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.

Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Outcomes for conditions often associated with older people were above local and national averages. For instance, 90% of patients with hypertension had well controlled blood pressure compared to the CCG average of 82% and the national average of 84%. The exception reporting rate for this indicator was zero (CCG average 3%, national average 4%).

Good



People with long term conditions

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

- The GP was responsible for chronic disease management and was supported by the practice nurse. Patients at risk of hospital admission were identified as a priority.
- Outcomes for patients with long term conditions were comparable to or above local and national averages. For instance, 81% of patients diagnosed with diabetes had well controlled blood sugar levels (CCG average of 76%, national average 78%), whilst 96% had had a recent foot examination (CCG average 84%, national average 88%). The practice had zero exception reporting for all indicators.
- The practice had a programme in place to undertake early testing for patients at risk of developing long term conditions. For instance, for the period April - November 2016, 94% of patients identified as being at risk of developing diabetes had been invited to attend a health review with the GP.
- Longer appointments and home visits were available when needed.
- All these patients had a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Summary of findings

Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- 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.
- The practice's uptake for the cervical screening programme was 82%, which was the same as the national average.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Good



Working age people (including those recently retired and students)

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

- The needs of 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. For instance, the practice held early morning walk-in flu vaccination clinics from 7:15am so people could access these on their journey to work.
- 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 list included a significant number of young people who had a different address during university term time and ensured that these patients were kept on the list as temporary patients when they returned home for longer breaks.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.

Good



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.

People experiencing poor mental health (including people with dementia)

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

- 96% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was above the national average of 84%.
- 100% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses (15 patients) had a comprehensive, agreed care plan documented in the record compared to the CCG average of 91% and national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing in line with local and national averages. Two hundred and twenty five survey forms were distributed and 120 were returned. This represented 4% of the practice's patient list.

- 64% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 80% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 95% of patients described the overall experience of this GP practice as good compared to the national average of 85%.

- 88% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 24 comment cards which were all positive about the standard of care received. People said that staff were helpful and considerate and that GPs were compassionate, attentive and accessible.

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

Dr David Monkman

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.

Background to Dr David Monkman

Dr David Monkman provides GP primary care services to approximately 2,800 people living in East Barnet, London Borough of Barnet. The practice has a Personal Medical Services (PMS) contract for providing general practice services to the local population. PMS agreements are locally agreed contracts between NHS England and a GP practice.

Information published by Public Health England rates the level of deprivation within the practice population group as seven on a scale of one to ten. Level one represents the very highest levels of deprivation and level ten the lowest. This information also shows that Income Deprivation Affecting Older People (IDAOPI) is 17% which is comparable to the clinical commissioning group (CCG) average of 18% and the national average of 16%. Income Deprivation Affecting Children (IDACI) is 18% (CCG average 18%, national average 20%).

There is one full time male GP supported by a long term female locum GP who works part time provides a total of 13 GP sessions per week. The practice is co-located in a purpose built health centre with two other GP practices. Both of these practices are registered as GP partnerships, one has a patient list of 3,300 and the other has a patient list of 4,000. Nursing and administrative staff are employed jointly by all three practices with resources allocated in

direct proportion to patient list sizes. Patients wishing to register with a GP at the health centre are allocated in turn to one of the three practices unless a preference for a specific practice is expressed.

The shared clinical team at the health centre consists of two practice nurses, both of whom work part time and provide a full time equivalent of 1.2 nurses. There is a practice manager and an assistant practice manager, both of whom work part time and 15 administrative and reception staff.

The practice is located in a newly refurbished, purpose built health centre. All consulting and treatment rooms are located on the ground floor.

The practice opening hours for the surgery are:

Monday 8am to 6:30pm

Tuesday 7:15am to 6:30pm

Wednesday 7:15am to 6:30pm

Thursday 7:15am to 1pm

Friday 8am to 6:30pm

Saturday Closed

Sunday Closed

There are arrangements in place with a suitable provider (Barndoc) to deliver services to patients outside of the practice's working hours.

Patients can book appointments in person, on-line or by telephone. Patients can access a range of appointments with the GPs and nurses. Face to face appointments are available on the day and are also bookable up to four weeks in advance. Telephone consultations are offered where advice and prescriptions, if appropriate, can be

Detailed findings

issued and a telephone triage system is in operation where a patient's condition is assessed and clinical advice given. Home visits are offered to patients whose condition means they cannot visit the practice.

The practice has opted not to provide out of hours services (OOH) to patients and these were provided on the practice's behalf by a nominated provider. The details of how to access the OOH service are communicated in a recorded message accessed by calling the practice when it is closed. Details can also be found on the practice's website.

The practice provides a wide range of services including clinics for diabetes, weight control, asthma, contraception and child health care and also provides a travel vaccination clinic. The practice also provides health promotion services including a flu vaccination programme and cervical screening.

The practice had not previously been inspected.

Why we carried out this inspection

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

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 30 November 2016. During our visit we:

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

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

The practice had recorded three significant events in the previous 12 months. We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice.

For example, we saw one record of an occasion when a GP gave a flu vaccine to a patient in a residential home without knowing that the patient had previously been vaccinated by a member of a local community health team. When the GP became aware of the duplicate dose, they contacted the clinical commissioning group (CCG) pharmaceutical advisor to seek expert advice on potential harm. The practice arranged a meeting with the community health team and the residential care home to discuss the incident. Following this meeting, the practice had compiled a list of all housebound patients who required parenteral medicines (parenteral medicines are those taken non-orally, most often administered by injection). A process was put in place for community based clinicians to inform the practice if vaccinations had been given to any patient on the list and also to be informed when a vaccination had been given by a GP.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three. Nurses were trained to level two and all other staff were trained to level one.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. 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. Annual 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. However, not all repeat prescriptions we saw had a review date printed. For instance we saw a repeat prescription for a medicine used to treat a common skin condition that did not include a review date. Prescriptions which had not been collected six months

Are services safe?

after date of issue were destroyed and a note added to the patient record to indicate this. Staff staff told us they did not always inform a GP about uncollected prescriptions and did not routinely contact these patients to check on their welfare.

- 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 were securely stored and there were systems in place to monitor their use. The practice carried a small stock of blank prescription pads for handwritten prescriptions and although these were stored securely and details of incoming stocks were logged, there was no consistent process for monitoring 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 five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills, the most recent of these had been carried out in October 2016. All electrical equipment was checked to ensure the

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

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff, key contractors and utility companies. The plan also contained details of a buddy practice which was local but not located in the same health centre.

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.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records. For instance, when NICE had published updated guidance around antiplatelet treatment for secondary prevention of cardiovascular disease, the practice had undertaken an audit of patients at risk of developing cardiovascular disease. Patients who might have benefitted from antiplatelet treatment were invited to make appointments to discuss this. (Antiplatelet treatment is used to prevent blood clots, for instance in patients at risk of developing cardiovascular disease).

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 99% of the total number of points available. The practice had zero exception reporting for every clinical indicator. (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 2014/2015 showed:

- Performance for diabetes related indicators were above clinical commissioning group (CCG) and national averages. For instance, 81% of patients had well controlled blood sugar levels (CCG average of 76%, national average 78%). The CCG average exception

reporting rate for this indicator was 8% with the national average of 12%). The percentage of patients on the diabetes register, with a record of a foot examination within the preceding 12 months was 96% (CCG average 84%, national average 88%). The CCG average exception reporting rate for this indicator was 5% with a national rate of 8%.

- Performance for mental health related indicators were above CCG and national averages. For example, 100% of patients (15 patients) diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the record compared to the CCG average of 91% and national average of 88%. (CCG average exception reporting rate 7%, national average 13%).
- 90 % of patients with hypertension had well controlled blood pressure compared to the CCG average of 82% and the national average of 84%. (CCG average exception reporting rate 3%, national average 4%).
- Outcomes for patients with asthma were comparable to CCG and national averages. For instance, 78% had had an asthma review in the preceding 12 months using a nationally recognised assessment tool compared to the CCG average of 76% and the national average of 75%. (CCG average exception reporting rate 3%, national average 8%).

There was evidence of quality improvement including clinical audit.

- There had been three clinical audits undertaken in the last two years, one of these was a completed audit where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research. For example, we saw examples of where the practice had been involved in research into the treatment of patients with cardiovascular disease.
- Findings were used by the practice to improve services. For example, the practice had undertaken an audit of the treatment given to patients diagnosed with peripheral artery disease. (Peripheral arterial disease is a disease of the blood circulation system in which narrowed arteries reduces blood flow to limbs). The first cycle was undertaken in January 2016 and this had identified that only 50% of 12 patients diagnosed with the condition were currently being treated with antiplatelet treatment. The practice had invited all

Are services effective?

(for example, treatment is effective)

patients with peripheral artery disease to appointments to discuss their conditions and treatment options. A second audit was undertaken in October 2016 and this showed that the number of patients diagnosed with the condition was now 18 and of these, 100% were now receiving antiplatelet treatment where it was safe to do so.

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 access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. Annual appraisals were overdue for some members of the administration team but we saw that dates had been arranged to complete these.
- 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. For instance we looked at how the practice monitored referrals for patients newly diagnosed with cancer, referred for urgent two week wait appointments. We saw that the practice had a failsafe process in place to ensure that appointments were made for every referral. The practice also sought confirmation that patients had attended these appointments and followed up with patients who had not attended.

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.

We looked at how the practice managed incoming correspondence and noted that all documents were read and required actions carried out promptly. However, we noted that there were eight documents in the inbox which were more than one year old. We investigated each of these and could see that any required actions had been carried out at the time of receipt and patient records properly updated and the documents marked as closed. The GP told us they deliberately kept some specific documents in the inbox to use as aide memoirs for details about individual patients.

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.

Are services effective?

(for example, treatment is effective)

- 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.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- The practice had engaged with the NHS led 'Year of Change' programme to improve the early diagnosis of diabetes. Patients identified as being at risk of developing the condition had been invited to attend health reviews and had been given advice on how to prevent or delay the onset of diabetes. Records indicated that between April 2016 and November 2016, 94% of patients identified as being at risk of developing diabetes had been invited to attend reviews. For the period between April 2015 and April 2016, 100% of patients identified as being at risk of developing diabetes had been invited to attend reviews, of whom 92% had attended.
- The practice's uptake for the cervical screening programme was 82%, which was the same as the

national average. 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 for those with a learning disability 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 screening. 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.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 74% to 94% (national averages 73% to 95%) and five year olds from 84% to 100% (national average 81% to 95%).

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.

All of the 24 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 members of the patient participation group. 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 was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 93% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 89% and the national average of 89%.
- 93% of patients said the GP gave them enough time. (CCG average 84%, national average 87%).
- 98% of patients said they had confidence and trust in the last GP they saw. (CCG average 95%, national average 95%).
- 95% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.

- 97% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 88% of patients said they found the receptionists at the practice helpful (CCG average 84%, national average 87%).

Care planning and involvement in decisions about care and treatment

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

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 above local and national averages. For example:

- 94% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and the national average of 86%.
- 92% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 88% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

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

- Staff told us that interpreter services, including sign interpretation 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.
- Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

Are services caring?

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 86 patients as carers (3% of the practice list). Carers were identified as a priority group for seasonal flu vaccination invitations and annual health reviews. We looked at records of three carers and saw evidence that annual health checks had been completed. The practice allowed a more flexible approach to the appointment system to support patients who were also carers, for instance, ensuring carers were assisted to

get appointments at times when it was easier for them to be available. Written information was available to direct carers to the various avenues of support available to them and we saw posters in the reception area with details of local carer support groups.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service. The practice had identified a local support group for people who were finding it particularly difficult to cope following bereavement and would signpost people to this group when that was beneficial to the patient.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- The practice offered extended opening hours on Tuesday, Wednesday and Thursday mornings between 7:15am and 8:00am for patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Patients who were aged over 75 and those who had been identified as being at increased risk of unplanned admission to hospital had been provided with a special bypass telephone number.
- 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.
- Arrangements were in place with another practice in the health centre so that patients who wished to speak with a GP of a specific gender could do so.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and interpreting and translation services available.
- Between 2015 and 2016, the practice had been required to relocate to different premises to accommodate essential refurbishment works at the practice. The journey to the alternative premises included a steep hill and the practice had arranged for a shuttle service to transport patients between the existing and temporary premises.
- The practice list included a significant number of young people who had a different address during university term time and would ensure that these patients were kept on the list as temporary patients when they returned home for longer breaks.

Access to the service

The practice opening hours for the surgery were:

Monday 8:00am to 6:00pm

Tuesday 7:15am to 6:00pm

Wednesday 7:15am to 6:00pm

Thursday 7:15am to 1:00pm

Friday 8:00am to 6:00pm

Saturday Closed

Sunday Closed

There were arrangements in place with a suitable provider to deliver services to patients outside of the practice's working hours. The practice offered pre-bookable appointments that could be booked up to six 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.

- 80% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 64% of patients said they could get through easily to the practice by phone compared to the national average of 73%. The practice had recognised that this was a concern for patients and had discussed the matter with the other practices with whom the telephone service was shared. An additional staff member had recently been recruited to the reception team and the practice had invested in an advanced telephone menu system which meant that patients could self-select a particular service and be automatically streamed to the correct person. The impact of changes to the telephone service had not yet been measured.

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

Listening and learning from concerns and complaints

We looked at how the practice handled complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.

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

- We saw that information was available to help patients understand the complaints system.

The practice had recorded two complaints in the last 12 months. We looked at both of these complaints and found

they were managed in line with practice policy. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken as a result to improve the quality of care.

-

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 a robust 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.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

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

The provider was aware of and had systems 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 lead GP encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment::

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

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

- 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. We noted team bonding events were held several times each year with recent events including a bowling event, a trip to a greyhound racing meeting and a summer barbecue.
- Staff said they felt respected, valued and supported, particularly by the lead GP in the practice. All staff were involved in discussions about how to run and develop the practice, and the management team 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, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, at a time when the practice was temporarily located in alternative premises, the PPG had identified that some patients were finding it difficult to walk up and down a steep hill which was part of the journey. The PPG had proposed the provision of a minibus shuttle service and this had been agreed by the practice.
- The practice had gathered feedback from 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. Staff told us they felt involved and engaged to improve how the practice was run.