

# Lichfield Grove Surgery

## Quality Report

64 Lichfield Grove  
Finchley Central  
London, N3 2JP  
Tel: 020 8346 3123

Website: <http://www.lichfieldgrovesurgery.nhs.uk/>

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

## Ratings

### Overall rating for this service

Good



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Lichfield Grove Surgery on 17 September 2015. 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, recording and learning from significant events.
- Risks to patients were assessed and well managed with the exception of those relating to equipment for managing medical emergencies.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had 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.
- Data from the latest national GP patient survey suggested it was easy to make an appointment with a named GP and that urgent, same day appointments were available. However, patients we spoke with told us it was sometimes difficult to make an appointment in advance.
- 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 areas where the provider must make improvements are:

- Ensure an automated external defibrillator (AED) is available on the premises or undertake a risk assessment if a decision is made not to have an AED on the premises.

# Summary of findings

The areas where the provider should make improvement are:

- Provide staff fire safety training.
- Keep a record of staff meetings and clinical meetings to enable reflection on outcomes being achieved and to identify improvement areas.
- Complete risk assessments regarding Control of Substances Hazardous to Health (COSHH).

**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 requires improvement 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 and maintain safety in the practice.
- The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse.
- Risks to patients were assessed and well managed with the exception of risks relating to risks associated with the decision not to have an AED on the premises.

**Requires improvement**



### Are services effective?

The practice is rated as good for providing effective services.

- Data showed patient outcomes were at or above average for the locality.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.

Staff worked with multidisciplinary teams to understand and meet the range and complexity of people's needs.

**Good**



### Are services caring?

The practice is rated as good for providing caring services.

- Data showed that 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. For example, the practice's patient participation group worked with a local carers group to help raise patient's awareness about locally available support. .
- We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

**Good**



# Summary of findings

- There was sufficient information available to help patients understand the services available to them.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- It had reviewed the needs of its local population and tailored services accordingly. For example, most patients were of working age and the practice had responded by offering early morning and late evening appointments.
- There were baby changing facilities, disabled facilities and interpreting services available.
- The results of the latest national GP patient survey showed patients found it easy to make an appointment with a named GP and that urgent, same day appointments were available. Patients we spoke with told us that this it was sometimes difficult to make an appointment, however. The practice outlined to us how it had taken action to improve appointments access.
- 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 that the practice responded quickly to issues raised. Learning from complaints was shared with staff.

Good



## Are services well-led?

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

- It had a clearly stated vision and strategy t Staff were clear about the vision and their responsibilities in relation to this.
- 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. Systems were largely in place to monitor and improve quality and identify risk..
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group (PPG) was active.
- There was a strong focus on continuous learning and improvement at all levels.

Good



# 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.

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population. For example, a register of all patients over 75 was kept and they had a named GP.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Patients we spoke with from this population group were positive about the care they received.

### People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- At the time of our inspection, performance for diabetes related indicators was 100% (which was above the CCG average by 9.7% and above the national average by 9.9%. Data published shortly after our inspection showed that this had decreased to 83.7% which was below above the CCG average by 4.8% and above the national average by 5.5%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check that their health and medicines needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- Patients we spoke with from this population group were positive about the care they received.

### Families, children and young people

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

Good



- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for

# Summary of findings

example, children and young people who had a high number of A&E attendances. Immunisation rates for all standard childhood immunisations were comparable to local and national averages.

- 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 equal to the national average.
- Appointments were available outside of school hours and the premises were suitable for children and babies. For example, the practice had made provision for buggies to be securely stored near the practice entrance.

## 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.
- 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.
- Patients we spoke with from this population group were positive about the care they received.

Good



## People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- It offered longer appointments for people with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- It had told vulnerable patients about how to access various support groups and voluntary organisations.

Good



# Summary of findings

- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- Several patients lived at a local care home for people with learning disabilities. The manager spoke positively about the responsiveness of GPs and about how they treated patients with dignity and respect.
- The practice's patient participation group worked with a local carers group to help raise patient's awareness about locally available support.

## 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).

- 97% percentage of patients diagnosed with dementia had had their care reviewed in a face-to-face review in the preceding 12 months
- 100% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in their record in the preceding 12 months compared with the 86% national average.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- It 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 people with mental health needs and dementia.

Good





# Summary of findings

## What people who use the service say

The national GP patient survey results were published on 4 July 2015. They showed the practice was performing in line with local and national averages. There were 413 survey forms distributed for Lichfield Grove Surgery and 122 forms were returned. This is a response rate of 29.5%.

- 69% found it easy to get through to this surgery by phone compared to a CCG average of 63% and a national average of 73%.
- 92% found the receptionists at this surgery helpful (CCG average 83%, national average 87%).
- 75% were able to get an appointment to see or speak to someone the last time they tried (CCG average 82%, national average 85%).
- 94% said the last appointment they got was convenient (CCG average 90%, national average 92%).

- 77% described their experience of making an appointment as good (CCG average 68%, national average 73%).
- 69% usually waited 15 minutes or less after their appointment time to be seen (CCG average 57%, national average 65%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 45 comment cards which were all positive, with key themes being that reception staff were kind, that clinicians were knowledgeable, and that the practice was responsive to patients' needs.

We also spoke with six patients during the inspection (including a member of the practice's patient participation group). Feedback was generally positive regarding, for example, the standard of care received and patients' involvement in decision making. However, patients also expressed concern regarding appointments access and access to a male GP.

## Areas for improvement

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

- Ensure an automated external defibrillator (AED) is available on the premises or undertake a risk assessment if a decision is made not to have an AED on the premises.

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

- Provide staff fire safety training.
- Keep a record of staff meetings and clinical meetings to enable reflection on outcomes being achieved and to identify improvement areas.
- Complete risk assessments regarding Control of Substances Hazardous to Health (COSHH).

# Lichfield Grove Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to Lichfield Grove Surgery

Lichfield Grove Medical Centre is located in Barnet, North London. The practice has a patient list of approximately 6,000. Twelve percent of patients are aged under 18 and 11% are 65 or older. Forty three percent of patients have a long-standing health condition, whilst 13% have carer responsibilities.

The services provided by the practice include child health care, ante and post natal care, immunisations, sexual health and contraception advice and management of long term conditions.

The staff team comprises two female partner GPs (6 sessions each per week), two female salaried GPs (respectively 4 and 6 sessions each per week), female practice nurse (6 sessions per week), health care assistant (female), two long term GP locums (female) a practice manager and administrative/reception staff. We were told that if a patient wanted to be seen by a male GP, the practice would contact local practices and make arrangements; although we were further advised that this had never been requested.

The practice holds a Personal Medical Service (PMS) contract with NHS England. This is a locally agreed

alternative to the standard General Medical Service (GMS) contract used when services are agreed locally with a practice which may include additional services beyond the standard contract.

The practice's opening hours are:

- Monday: 8:30am-6:30pm
- Tuesday: 7:30am-6:30pm
- Wednesday: 8:30am-7:30pm
- Thursday: 8:30am-12:30pm
- Friday: 8:30am-6:30pm

Appointments are available at the following times:

- Monday: 8:30am-10:40am and 2:30pm-6pm
- Tuesday: 7:30am-10:40am and 4pm-6pm
- Wednesday: 8:30am-10:40am and 2:30pm-7pm
- Thursday: 8:30am-10:40am
- Friday: 8:30am-10:40am and 3pm-6pm

Outside of these times, cover is provided by an out of hours provider.

The practice is registered to provide the following regulated activities which we inspected: treatment of disease, disorder or injury; diagnostic and screening procedures; family planning; and maternity and midwifery services.

## Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as

# Detailed findings

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 that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 17 September 2015. During our visit we:

- Spoke with a range of staff including partner GPs, health care assistant, practice manager and reception staff; and spoke with patients who used the service.
- Reviewed 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 are provided for specific groups of people and what good care looks 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 were systems in place for reporting, recording and learning from significant events so as to improve or maintain patient safety as necessary. Staff were aware of what constituted a significant event and told us they would inform the practice manager of any incidents. Recording forms were available. Records showed that six significant events had been recorded in the last 15 months. They showed clear learning outcomes and subsequent evidence of changes in how the service was delivered, so as to improve patient safety.

For example, a patient attended the practice with acute poor mental health and was referred that day to the local mental health crisis team for a same day assessment. However, this assessment did not take place and the practice only became aware when the patient visited the practice again ten days later. As a result of this incident, the practice now asked referred patients to make contact with the practice if they had not heard from the crisis team within 24 hours of referral. We also noted that the referring GPs now called the crisis team the next day to confirm that contact had been made with the patient.

Safety was monitored using information from a range of sources including National Institute for Health and Care Excellence (NICE) guidance. This enabled staff to understand risks and gave a clear, accurate and current picture of safety. Safety alerts were disseminated to relevant staff via email.

### Overview of safety systems and processes

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

- Arrangements in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and 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 relevant to their role. GPs were trained to child protection level 3.

- A notice in the waiting room advised patients that nurses would act as chaperones, if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring service check (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. The practice had systems in place to minimise cross infection risks associated with patients with infectious diseases presenting at the practice. Annual infection control audits were undertaken. The last audit had taken place in September 2014 and we saw evidence that action was taken to address any improvements identified as a result. For example, foot operated pedal bins had been installed in patient toilets.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). 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. Prescription 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 the nurse to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions (PSDs) to enable the Health Care Assistant to administer vaccinations.
- We reviewed personnel files of seven members of staff (including two GP locums) and found that appropriate

# Are services safe?

recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications and registration with the appropriate professional body.

## Monitoring risks to patients

Some risks to patients were assessed and 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. All electrical equipment had been checked within the last twelve months to ensure it was safe to use. Clinical equipment had also been checked and calibrated to ensure it was working properly (although the certificate could not be located at the time of our inspection). The practice had a variety of other risk assessments in place to monitor safety of the premises such as infection control and legionella.
- 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 that enough staff were on duty.
- The practice had undertaken a fire risk assessment (although this was not available at the time of our inspection). Staff had not received fire safety training. Records showed that the practice's fire alarm had been serviced in July 2015.

## Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to most 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 (although not all certificates were immediately available for review at the time of our inspection) and there were emergency medicines centrally available in a treatment room.
- 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 fit for use.
- 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.
- The practice had oxygen available with adult and children's masks. There was also a first aid kit and accident book available. The practice did not have an automated external defibrillator (AED) available on the premises, however. (An AED is a portable electronic device that delivers an electrical shock to attempt to restore a normal heart rhythm). There was no evidence that this decision had been risk assessed. Shortly after our inspection we were advised that an AED had been purchased.

# 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 Royal College of General Practitioners (RCGP) and National Institute for Health and Care Excellence (NICE) best practice guidelines. Staff had access to these guidelines and they were used to support delivery of care and treatment that met peoples' needs. For example, the practice used audits to monitor the usage and application of the guidelines.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality 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 95% of the total number of points available, with 9% 'exception reporting.' QOF includes the concept of exception reporting to ensure that practices are not penalised where, for example, patients do not attend for review, or where a medication cannot be prescribed due to a side-effect. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed;

- Performance for diabetes related indicators was 84% which was comparable to the CCG and national average.
- Performance for hypertension related indicators was 100% which was 2.4% above CCG and 2.2% above the national average.
- Performance for mental health related indicators was 100% which was 5.7% above the CCG average and 7.2% above the national average.

Performance for dementia related indicators was 100% which was 4.9% above the CCG average and 5.5% above the national average.

### Clinical audits demonstrated quality improvement.

There had been two audits completed in the last 12 months and the practice could evidence how improvements in patient outcomes had been implemented and monitored. For example, one audit was started in

January 2010 and reviewed whether patients' notes recorded that a chaperone had been offered for cervical screening examinations. The initial January 2010 audit results highlighted that no women had been offered a chaperone. However, through the introduction of patient information leaflets and a review of chaperone coding on the practice's clinical system, an August 2010 re-audit showed that 98.7% of women had been offered a chaperone. The audit was repeated annually and by April 2015 performance had increased to 99.1%.

Another clinical audit had been triggered by irregular monitoring of anticoagulant (blood thinning) medication of a patient living at a local nursing home. Anticoagulants have a narrow therapeutic margin and are safe only if monitored closely. The practice ran a search on all patients at the home who had been prescribed anticoagulants in the last six months. The audit reported that of the six patients identified, one was overdue a home monitoring visit due to be arranged by the local hospital and two were new residents with no record of monitoring. The practice put in place systems to improve communication between the nursing home, local hospitals and the practice to ensure regular monitoring was in place.

### Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that 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 safeguarding training.
- 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 these learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

# Are services effective?

## (for example, treatment is effective)

### 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. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring people to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital. Multi-disciplinary team meetings took place on a two monthly basis.

### Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.

- The process for seeking consent was monitored through records audits to ensure staff met the practice's responsibilities in respect of legislation and followed relevant national guidance.

### Health promotion and prevention

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition, those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.

The practice had a failsafe system for ensuring results were received for every sample sent as part of the cervical screening programme. The practice's uptake for the cervical screening programme was 82% which was equal to the 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 also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

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 85% to 93% and five year olds from 65% to 87%. Flu vaccination rates for the over 65s were 76% and at risk groups 58%. These were also comparable to national averages.

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



# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

We observed that members of staff were courteous and very helpful to patients and treated people 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 and that 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.
- The practice routinely audited and analysed chaperoning uptake; particularly regarding male patients given the absence of male clinicians at the practice.

All of the 45 patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful and caring, and treated them with dignity and respect.

We also spoke with a member of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when patients needed help and provided support when required. Staff were routinely described as caring, kind and helpful.

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

- 96% said the GP was good at listening to them compared to the CCG average of 87% and national average of 89%.
- 87% said the GP gave them enough time (CCG average 84%, national average 87%).

- 99% said they had confidence and trust in the last GP they saw (CCG average 94%, national average 95%).
- 91% said the last GP they spoke to was good at treating them with care and concern (CCG average 83%, national average 85%).
- 94% said the last nurse they spoke to was good at treating them with care and concern (CCG average 86%, national average 90%).
- 92% said they found the receptionists at the practice helpful (CCG average 83%, national average 87%).

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

Patients told us that 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 on the comment cards we received was also positive and aligned with these views.

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

- 88% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and national average of 86%.
- 88% said the last GP they saw was good at involving them in decisions about their care (CCG average 79%, national average 81%).

Staff told us that interpreting and translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available. Staff spoke a range of local community languages.

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

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 13% of the practice



## Are services caring?

list as carers. Written information was available to direct carers to the various avenues of support available to them. The PPG had also worked with a local carers group to raise awareness about this support.

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 had reviewed the needs of its local population and worked to secure improvements to services where these were identified. For example:

- Home visits were available for older patients / patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- There were disabled facilities, and a hearing loop and interpreting services were available.
- On line appointment booking and repeat prescriptions were available
- Electric couches were provided in treatment rooms to aid those with poor mobility.
- Early morning and late evening extended hours were available.
- There were longer appointments available for people with a learning disability.
- Baby changing facilities were available and the practice had made provision for buggies to be securely stored at the practice entrance.
- Numerous languages were spoken by the practice staff including Farsi, Gujarati and Hindi.
- One of the GP partners was a registered 'Dementia friend.' This is a training programme which provides participants with an understanding of what it's like to live with dementia.
- Upon request, a breastfeeding room was available.

### Access to the service

The practice's opening hours were:

- Monday: 8:30am-6:30pm
- Tuesday: 7:30am-6:30pm
- Wednesday: 8:30am-7:30pm
- Thursday: 8:30am-12:30pm
- Friday: 8:30am-6:30pm

Appointments were available at the following times:

- Monday: 8:30am-10:40am and 2:30pm-6pm

- Tuesday: 7:30am-10:40am and 4pm- 6pm
- Wednesday: 8:30am-10:40am and 2:30pm-7pm
- Thursday: 8:30am-10:40am
- Friday: 8:30am-10:40am and 3pm-6pm

Outside of these times, cover was provided by an out of hours provider.

In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them. On the day of our inspection, the practice's clinical system showed that the next available routine appointment slot was in seven days.

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

However, patients we spoke with on the day told us that that they sometimes experienced difficulty when trying to get appointments when they needed them. Also, only half of the 150 participants in a January 2015 practice survey "felt that they could get an appointment within three days."

Staff gave examples of how they sought to improve appointments access following the publication of the January 2015 patient survey. For example, the practice had increased appointment slots and staggered the release of appointments to increase likelihood of patients being able to see the GP of their choice. The results from the national GP patient survey were:

- 75% of patients were satisfied with the practice's opening hours compared to the CCG average of 69% and national average of 75%.
- 69% patients said they could get through easily to the surgery by phone (CCG average 63%, national average 73%).
- 77% patients described their experience of making an appointment as good (CCG average 68%, national average 73%).
- 69% patients said they usually waited 15 minutes or less after their appointment time (CCG average 57%, national average 65%).

# Are services responsive to people's needs?

(for example, to feedback?)

## Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system such as in reception, in a patient information leaflet and on the practice website.

We looked at six complaints received in the last twelve months and found that they had been satisfactorily handled, and dealt with in a timely and open way. There was also evidence that lessons were learnt from concerns and complaints and that action was taken as a result to improve the quality of care. For example, one complaint related to a patient who had not been administered the shingles vaccine because they were slightly outside the eligible NHS age range. The patient had expressed concerns as they were already infirm and later contracted shingles. Records showed that the learning from this complaint was that in such circumstances, requests should be considered and discussed with other clinicians to assess risk.

# 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 provide the best quality service to patients within a confidential and safe environment. The practice had a statement of purpose and staff we spoke with were aware of and understood its values.

### 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; and that practice specific policies implemented and available to all staff.
- A comprehensive understanding of the performance of the practice.
- A programme of continuous clinical and internal audit which is used to monitor quality and to make improvements.
- A system in place for identifying, recording and managing risks, issues and implementing mitigating actions (with the exception of risks related to fire safety and equipment for managing medical emergencies).

### Leadership, openness and transparency

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

The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and learning from them in a non blaming manner. The practice had recorded six significant events in the last 15 months.

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

- Staff told us that the practice held regular team meetings although we noted that these were not always minuted.

- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so; and felt supported if they did. An informal away day/ social event took place annually.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met on a regular basis, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, a PPG member told us that the practice had acted on a range of suggestions including redecorating the waiting room and taking steps to increase appointments availability. PPG members regularly engaged patients who attended the practice to seek their views on how the service could be improved.
- The practice had also 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 examples.

### Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local schemes to improve outcomes for patients in the area such as a PPG led carer's awareness campaign in partnership with a local carer's organisation.

## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>How the regulation was not being met:</b></p> <p>The provider did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users by:</p> <ul style="list-style-type: none"><li>• Failing to undertake a risk assessment into its decision not to keep an automated external defibrillator on the premises.</li><li>• This was in breach of Regulation 12(1)(2)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</li></ul>