

# Dr Shapiro & Partners

## Quality Report

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

## Ratings

### Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Summary of findings

## 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	11
Areas for improvement	11

### Detailed findings from this inspection

Our inspection team	12
Background to Dr Shapiro & Partners	12
Why we carried out this inspection	12
How we carried out this inspection	12
Detailed findings	14

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Shapiro and Partners (also known as Wood Lane Medical Centre) on 28 October 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 and recording significant events. All significant events and incidents were discussed at practice meetings, although we found some clinical incidents were not always recorded and investigated as a significant event.
- Risks to patients were assessed and well managed.
- 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.

- Recruitment checks had been carried out prior to employment, although we found that the GP partners had not received a disclosure and barring service check (DBS).
- 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.
- Most patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There 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.

In addition the provider should:

# Summary of findings

- Complete annual infection prevention and control audits.
- Carry out a legionella risk assessment.
- Review national guidance relating to annual basic life support training for non-clinical staff.
- Review protocols for including patient consent in the patient record.
- Advertise that translation services are available to patients on request.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice. All significant events and incidents were discussed at practice meetings, although we found some clinical incidents were not always recorded and investigated as a significant event.
- When there are unintended or unexpected safety incidents, people received reasonable support, truthful information, an apology and 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 people safe and safeguarded from abuse.
- Risks to patients were assessed and well managed. For example, those relating to infection prevention and control, medicines management, staff training, and dealing with emergencies.
- Recruitment checks had been carried out for new starters prior to employment, although we found that the GP partners had not received a disclosure and barring service check (DBS). Following our inspection the practice provided evidence that they had applied for DBS checks for these staff.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- 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.

# Summary of findings

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

## Are services caring?

The practice is rated as good for providing caring services.

- Data showed that patients rated the practice similar to or 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.
- We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Good



## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- It reviewed the needs of its local population and engaged with the Clinical Commissioning Group to secure improvements to services where these were identified.
- Most patients said they found it easy to access the service and make an appointment. Patients confirmed that they could usually see a doctor on the same day and were aware that this might not be with the GP of their choice.
- 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 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 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.

Good



# Summary of findings

- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty.
- The practice 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.

Good



- The practice had a higher percentage of patients over the age of 75 (10.7%) when compared to the national average (7.6%), and patients over the age of 85 (3.5% compared to the national average of 2.2%). The income deprivation level affecting older people was 11 compared to the national average of 22.5.
- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- All patients over the age of 75 had a named GP and were informed of this.
- The practice offered personalised care to meet the needs of the older people in its population and had a range of enhanced services, which included offering the shingles vaccination and avoiding unplanned admissions to hospital.
- Monthly multidisciplinary team meetings were used to review care plans and discuss those with enhanced needs.
- The practice were responsive to the needs of older people, and offered longer appointments, home visits and rapid access appointments for those with enhanced care needs.
- Patients were reviewed following discharge from hospital and referrals to support services were made to prevent readmissions. The practice were also part of a local integrated care programme to improve services for vulnerable adults over the age of 65, who required GP care over the weekend.
- The practice looked after patients from a nursing home and two care homes. We spoke with two managers from two of these homes, and they provided positive feedback on the quality of the service delivered by the practice and all staff.

### People with long term conditions

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

Good



- The percentage of patients at the practice with a long standing health condition (52.4%) and with health related problems in daily life (42%) was lower than the national averages (54% and 48.8% respectively).
- Nationally reported data showed that outcomes for patients with long term conditions was good.
- Nursing staff had lead roles in chronic disease management.

# Summary of findings

- 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 at risk of hospital admission were identified as a priority and discussed at weekly clinical meetings and monthly multidisciplinary team meetings.
- Patients were reviewed following discharge from hospital and referrals to support services were made to prevent readmissions.
- Longer appointments and home visits were available when needed.

## Families, children and young people

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

Good



- Children aged zero to four represented 5.5% of the practice population (national average 6.0%); children aged five to 14 represented 10.7% (national average 11.4%); and those aged under 18 years represented 14% (national average 14.8%). The income deprivation level affecting children was 10 compared to the national average of 22.5.
- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk. For example, there was joint working with the health visitors to discuss children on the child protection register.
- Urgent access appointments were available for children who were unwell.
- Immunisation rates for standard childhood immunisations were relatively high and above the CCG averages.
- Patients told us that children and young people were treated in an age-appropriate way and we saw evidence to confirm this.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice offered antenatal and postnatal services.

## 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).

Good



- The number of patients in paid work or full-time education was above the national average, 65.1% compared to 60.2%.



# Summary of findings

- 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 had a website which offered facilities to book appointments and order repeat prescriptions online. Text messaging was used for confirming appointments and health promotion.
- Late appointments were available until 20:00 from Monday to Wednesday, and until 19:00 on Friday. These were prioritised for working patients.
- There was a full range of health promotion and screening that reflected the needs for this age group, including NHS health checks for patients aged 40 to 74.
- The practice's uptake for the cervical screening programme was 77.3%, which was similar to the CCG average of 77.6% and below the national average of 81.8%.

## 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 housebound patients, carers, those with a learning disability, and patients receiving end of life care.
- It offered longer appointments for vulnerable patients who may need it. Housebound patients and those who could not access the practice were supported via home visits.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice looked after patients from a local nursing home and two care homes. These patients had regular medicines reviews and care plans in place.
- It had told vulnerable patients about how to access various support groups and voluntary organisations.
- The practice were part of a local integrated care programme to improve services for vulnerable adults over the age of 65, who required GP care over the weekend.
- 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.

Good



# Summary of findings

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

Good



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

- In 2014/15 performance for mental health related indicators was above the CCG and national averages (practice 100%; CCG 93.6%; national 92.8%).
- Nationally reported data showed that outcomes for patients which dementia was good. For example, the practice's performance for dementia related indicators in 2014/15 was above the CCG and national averages (practice 100%; CCG 95.2%; national 94.5%).
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health.
- It 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.
- 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.

# Summary of findings

## What people who use the service say

The national GP patient survey results published in 2015 showed the practice was performing in line with local and national averages. 290 survey forms were distributed and 121 were returned, representing 1.02% of the practice population.

- 70% found it easy to get through to this surgery by phone compared to a CCG average of 71% and a national average of 73%.
- 86% found the receptionists at this surgery helpful (CCG average 83%, national average 87%).
- 89% were able to get an appointment to see or speak to someone the last time they tried (CCG average 80%, national average 85%).
- 89% said the last appointment they got was convenient (CCG average 88%, national average 92%).
- 76% described their experience of making an appointment as good (CCG average 67%, national average 73%).

- 48% usually waited 15 minutes or less after their appointment time to be seen (CCG average 64%, 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 37 comment cards which were mostly positive about the standard of care received. Patients said staff always treated them with dignity and respect, and they felt supported in making decisions about their care and treatment.

We spoke with five patients during the inspection. Most of these patients said that they were happy with the care they received and thought that staff were approachable, committed and caring.

## Areas for improvement

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

- Complete annual infection prevention and control audits.
- Carry out a legionella risk assessment.
- Review national guidance relating to annual basic life support training for non-clinical staff.
- Review protocols for including patient consent in the patient record.
- Advertise that translation services are available to patients on request.

# Dr Shapiro & Partners

## 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, a practice manager specialist advisor, and a second CQC member of staff.

## Background to Dr Shapiro & Partners

Dr Shapiro & Partners, also known as Wood Lane Medical Centre, provides GP led primary care services through a General Medical Services (GMS) contract to around 11,900 patients living in the surrounding areas Ruislip. GMS is one of the three contracting routes that have been available to enable commissioning of primary medical services). The practice is part of NHS Hillingdon Clinical Commissioning Group (CCG).

The practice staff comprise of three GP partners (two male and one female); three salaried GPs (female); two nurse practitioners; three practice nurses; a practice manager; a HR manager; a reception manager; and a team of reception/administrative staff. The GPs collectively cover 37 sessions per week. The nurse practitioners and practice nurses work on a part-time basis and collectively provide 103 nursing hours per week.

The practice is located in a converted residential property with seven consulting/treatment rooms on the ground floor, and a consulting room (used by external practitioners) and office space on the first floor. The ground floor of the premises is accessible by wheelchair.

The practice is open every weekday between 08:30 and 18:30, with the exception of Thursday when it closes at 12:30. Extended evening opening hours are available Monday to Wednesday from 18:30 to 20:00 (the doors are closed between 19:00 and 20:00 and are only open to patients with booked appointments), and Friday from 18:30 to 19:00. Appointments are offered between these times.

Appointments can be booked up to three months in advance over the telephone, online or in person. The practice opted to keep 24 hour responsibility for out-of-hours cover yet subcontracted this work to a local out-of-hours provider.

The number of patients aged zero to four (5.5%), aged five to 14 (10.7%) and under 18 (14%) is similar to the national averages (6.0%, 11.4% and 14.8% respectively). The practice has a higher percentage of older people when compared to national averages. Patients aged 65+ represent 19.8% of the practice population, patients aged 75+ represent 10.7%, and patients aged 85+ represent 3.5% (national averages are 16.7%, 7.6% and 2.2% respectively).

The percentage of people with a long standing health condition (52.4%), and the percentage of people with health related problems in daily life (42%) are below the national averages (54% and 48.8% respectively). The average life expectancy for the CCG area is 80 years for males and 84 for females (national averages 79 and 83 respectively).

The service is registered with the Care Quality Commission to provide the regulated activities of diagnostic and screening procedures; treatment of disease, disorder and injury; family planning services; maternity and midwifery services; and surgical procedures.

# Detailed findings

## Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014. The provider had not been inspected before.

## 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 28 October 2015. During our visit we:

- Spoke with a range of staff including: three GP partners; a salaried GP; a nurse practitioner; a practice nurse; the practice manager; the HR manager; and four receptionists / administrators.
- Spoke with five patients who used the service.
- Received feedback from three members of the patient participation group.
- Spoke with two managers from local care homes.
- Observed how people were being cared for and talked with carers and/or family members.

- Reviewed the personal care or treatment records of patients.
- Reviewed 37 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 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 also a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. However, we noted that whilst clinical incidents were discussed at meetings some were not documented and investigated as a significant event. The practice told us they would now record all clinical incidents as a significant event for future learning. Lessons were shared to make sure action was taken to improve safety in the practice. For example, an electronic letter sent to a GP had not been actioned as the GP was on leave. As a result of this incident the practice now ensured that if a GP was on leave or not at the practice their letters were divided equally between the GPs who were working that day.

When there are unintended or unexpected safety incidents, people received reasonable support, truthful information, a verbal or written apology and were told about any actions to improve processes to prevent the same thing happening again. Safety alerts were received by the GP partners and cascaded to relevant staff.

### Overview of safety systems and processes

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

- Arrangements were 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 were lead members of staff for safeguarding children and vulnerable adults. The GPs attended safeguarding meetings when possible

and 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 Safeguarding level 3.

- A chaperone policy was in place, and notices were displayed on consultation / treatment room doors advising patients that this service was available. All staff who acted as chaperones had received training for the role. Receptionists who acted as chaperones had not received a disclosure and barring service check (DBS check) as it was documented in the practice's policy that they should not be left alone with patients whilst carrying out chaperone duties. (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. A nurse practitioner was the infection control clinical lead and kept up to date with best practice. There was an infection control protocol in place and staff had received in-house training. Infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result of the last audit in July 2014. For example, new wipeable chairs that were easy to clean and complied with infection control guidelines had been purchased for the waiting room. The practice had yet to complete an audit for the current year. Cleaning schedules were in place and these had been completed for key areas of the practice such as the toilets and kitchen.
- 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 had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We reviewed six personnel files and found that appropriate recruitment checks had been undertaken

## Are services safe?

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. However, we noted that the practice had not carried out DBS checks for the GP partners despite all other clinical staff having the appropriate checks. Following our inspection the practice provided evidence that they had applied for DBS checks for the three GP partners.

### 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 administrative office. Staff told us that weekly fire alarm tests and annual fire drills were carried out although there was no documented log of this. The practice had a fire risk assessment booked the week following our inspection. 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 also had a risk assessment in place to monitor general safety of the premises, with some actions identified as a result. For example, the practice had not undertaken a legionella risk assessment but had obtained quotes from external companies to carry out the work.

- 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.

### Arrangements to deal with emergencies and major incidents

The practice had 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.
- Clinical staff received annual basic life support training and non-clinical staff received training every three years.
- Emergency equipment was available including access to medical oxygen and an automated external defibrillator (AED) which is used in cardiac emergencies. Equipment was checked by the nurses on a monthly basis and there were records to confirm this.
- 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, and a copy was kept off site by the practice manager and the GP partners.



# 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 peoples' needs.
- Clinical staff told us they attended monthly educational meetings where national and local guidelines were monitored and discussed. Learning was then shared with the practice team.

### 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 96.2% of the total number of points available, with 7.1% exception reporting. The practice's performance was above the clinical commission group (CCG) average of 94.6% and the national average of 93.5%. Data from 2014/15 showed;

- Performance for diabetes related indicators was similar to the CCG average and below the national average (practice 86%; CCG 86.2%; national 89.2%). Examples of the practice's performance included patients with diabetes who had a blood pressure reading in the preceding 12 months of 150/90 mmHg or less (practice 88.3%, CCG 90%, national 91.4%); and patients with diabetes with a record of a foot examination and risk classification within the last 12 months (practice 82.7%, CCG 85.6%, national 88.3%).
- Performance for hypertension related indicators was similar to the CCG and national averages (practice 96.2%; CCG 97.4%; national 97.8%). Examples of the practice's performance included patients with hypertension who had a blood pressure reading in the preceding nine months of 150/90 mmHg or less (practice 79.8%, CCG 82.4%, national 83.6%).

- Performance for mental health related indicators was above the CCG and national averages (practice 100%; CCG 93.6%; national 92.8%). Examples of the practice's performance included patients with schizophrenia, bipolar affective disorder and other psychoses, who had a comprehensive care plan documented (practice 90.3%, CCG 90.5%, national 88.3%); and patients with schizophrenia, bipolar affective disorder and other psychoses, who have a record of alcohol consumption in the preceding 12 months (practice 94%, CCG 92.2%, national 89.5%).
- Performance for dementia related indicators was above the CCG and national averages (practice 100%; CCG 95.2%; national 94.5%). Examples of the practice's performance included patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months (practice 77.3%, CCG 84.8%, national 84%); and patients who received the recommended blood tests after entering on to the dementia register (practice 95%, CCG 86.1%, national 81.5%).

Clinical audits were carried out to demonstrate quality improvement.

- We were shown seven clinical audits conducted in the last two years, two of these were completed audits where the improvements made were implemented and monitored. We reviewed an audit which looked at children who were prescribed an alternative cow's milk infant formula, to ensure they were taking the most suitable formula and were being monitored appropriately. The initial audit had been carried out in September 2013, and a re-audit took place six months later in 2014. The initial audit identified six children who were invited for a review, three out of the six children had been prescribed the appropriate formula. The practice took action by educating patients and the family on options available on alternative milks and what the indications for taking these may be. At the six month review the number of cases remained at three, and where changes in treatment had occurred patients had successfully found an alternative milk.
- The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research. For example, we saw evidence that the practice were adhering to benchmarking guidance for antibiotic prescribing.



# Are services effective?

## (for example, treatment is effective)

### Effective staffing

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

- The practice had an induction programme for newly appointed members of staff that covered such topics as infection prevention and control, health and safety, quality improvement and confidentiality. We saw induction checklists had been completed for new members of staff.
- 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 training in the following areas: safeguarding children and adults, fire safety, basic life support, chaperone training and information governance awareness.
- Staff received ongoing support during sessions, one-to-one meetings, appraisals, mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All staff had had an appraisal within the last 12 months.

### 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 received blood test results, X ray results, and letters from the local hospital including discharge summaries, out-of-hours GP services and the 111 service electronically, by post or by fax. Out-of-hours reports, 111 reports and urgent pathology results or letters were seen and actioned the same day. The GP who saw these documents and results was responsible for the action required.
- 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 were discharged from hospital. We saw evidence that multi-disciplinary team meetings, attended by district nurses, the community matron, and health visitors took place on a monthly basis and that care plans were routinely reviewed and updated. The practice had a high percentage of elderly patients and we saw that focussed care plans with patient directed goals were made.

- The practice were part of a local integrated care programme to improve services for vulnerable adults over the age of 65. The network provided GP cover for five hours on Saturday and Sunday. On Friday the practice could refer patients who they assessed as requiring assistance and monitoring over the weekend. A summary of the patient's health needs were sent and a GP from the network would then visit the patient over the weekend and provide an update to the practice on the outcome. We were told this service also helped prevent unplanned admissions to hospital.
- The practice looked after patients in a local nursing home and two care homes. We spoke with the managers from two of these homes. They told us they could access the practice and the GPs when needed and spoke positively about the service provided by the practice. They described staff as supportive, efficient, helpful and professional. We were told that regular medicines reviews were undertaken and care plans were reviewed by the GPs in conjunction with the patient where possible, their family or key worker, and the care home clinical staff.

### 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. We saw that policies and guidelines were available on the practice intranet for staff to access.
- We noted that verbal consent for treatments such as depot injections and implants was obtained, but written consent was not included within the patient record. Clinical staff told us they would implement this going forward.

# 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, where appropriate, recorded the outcome of the assessment. We saw that a standard template was used as part of the annual care plan review for patients with mental health conditions to assess the patient's capacity.

### 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 and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service. For example, patients who smoked could be referred to a smoking cessation service provided by a pharmacy next door to the practice.
- Patients with an elevated body mass index (BMI) were opportunistically monitored via blood pressure checks, and cholesterol and glucose blood tests. If required, patients were then referred for bariatric surgery. Data showed that 17 patients had been referred for bariatric surgery. We were told that patients who were obese also had a high risk of sleep apnoea and were referred to specialist services for further monitoring.

The practice's uptake for the cervical screening programme was 77.3%, which was similar to the CCG average of 77.6%

and below the national average of 81.8%. The practice encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Practice data showed that 63% of eligible patients had received a mammogram in the last 12 months.

Childhood immunisation rates for the vaccinations given were above the CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 92.7% to 95.1% (CCG 89.5% to 94.2%), and five year olds from 89% to 96.6% (CCG 87.5% to 94.2%). The nurses monitored and followed up children who had not attended for their vaccinations. Flu vaccination rates for the over 65s were 72.2%, and at risk groups 51.3%. These were similar to the national averages (73.2% and 52.3% respectively). The practice were trying to improve flu vaccination rates by providing weekend flu clinics on selected dates between September 2015 and January 2016.

Patients had access to appropriate health assessments and checks. These included new patient health checks, and NHS health checks for people aged 40–74. Data showed that 49% of eligible patients had received an NHS health check. Appropriate follow-ups on the outcomes of health assessments and checks were made where abnormalities or risk factors were identified, and patients were directed to the relevant in-house chronic disease clinic or GP depending on the issues identified.

# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

We observed that members of staff were courteous and helpful to patients both attending at the reception desk and on the telephone and that people were treated 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 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 five patients we spoke with provided positive feedback about the service experienced. Patients said they felt the practice offered a good service and clinical staff were helpful, caring and treated them with dignity and respect. The 37 comment cards we reviewed highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey 2015 showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with doctors and nurses. For example:

- 91% said the GP was good at listening to them compared to the CCG average of 84% and national average of 89%.
- 85% said the GP gave them enough time compared to the CCG average of 81% and national average of 87%.
- 100% said they had confidence and trust in the last GP they saw compared to the CCG average of 92% and national average of 95%.
- 87% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 79% and national average of 85%.
- 95% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 85% and national average of 90%.

- 86% said they found the receptionists at the practice helpful compared to the CCG average of 83% and national average of 87%.

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

Patients we spoke with told us that health issues were discussed with them and 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 2015 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 averages but below national averages. For example:

- 82% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 80% and national average of 86%.
- 75% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 75% and national average of 81%.

Staff told us that translation services were available for patients who did not have English as a first language. However, we did not see notices informing patients this service was available. The electronic check-in system had options for patients to view the information in a variety of languages.

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

The practice's computer system alerted GPs if a patient was also a carer and they were supported. For example, carers were offered the flu vaccination and referral to support services. Data showed that there were 136 patients registered as carers and 109 of them had received the flu vaccination this year. The practice had a carer's protocol, and there was information in the waiting area to ensure carers understood the various avenues of support available to them.

We were told that if a patient had passed away their records were updated immediately, a notification was sent to the clinical commissioning group, and clinical staff were

## Are services caring?

notified by email. Administrative staff kept a log of patients who had passed away, and a GP partner would usually

contact the family to provide support and offer advice on support services available to them. For example, patients could be referred to a counsellor who attended the practice every week.

# 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 Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice offered two Saturday flu clinics per month from September 2015 to January 2016. Patients were booked in to these clinics, which were led by a nurse practitioner, and there was information in the reception area to inform patients of the upcoming clinic dates.

Services were planned and delivered to take into account the needs of different patient groups and to help provide flexibility, choice and continuity of care. For example;

- The practice offered extended opening hours on Monday, Tuesday and Wednesday from 18:30 to 20:00, and Friday from 18:30 to 19:00 for working patients who could not attend during normal opening hours.
- Longer appointments were available for vulnerable patients, those with multiple conditions, and for appointments where an interpreter was required.
- Home visits were available for older patients, those who were housebound, and patients who would benefit from these.
- Urgent appointments were available the same day for emergencies cases.
- Translation services were available. The electronic check-in system had options for patients to view the information in a variety of languages.
- Patients could access a male or female GP.
- Staff told us they tried to be flexible by avoiding booking appointments at busy times for people experiencing poor mental health or who may find this stressful.
- A hearing loop and accessible toilets were available.

### Access to the service

The practice was located in a converted residential property with seven consulting/treatment rooms on the ground floor, and a consulting room (used by external practitioners) and office space on the first floor. The ground floor of the premises was accessible by wheelchair.

The practice was open every weekday between 08:30 and 18:30, with the exception of Thursday when it closed at 12:30. Extended evening opening hours were available

Monday to Wednesday from 18:30 to 20:00 (the doors are closed between 19:00 and 20:00 and were only open to patients with booked appointments), and Friday from 18:30 to 19:00. Appointments were offered between these times.

Appointments could be booked up to three months in advance over the telephone, online or in person. The practice opted to keep 24 hour responsibility for out-of-hours cover yet subcontracted this work to a local out-of-hours provider who covered patient care outside of the practice's core opening hours, for example, evenings, nights and weekends.

Results from the national GP patient survey 2015 showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages.

- 66% of patients were satisfied with the practice's opening hours compared to the CCG average of 69% and national average of 75%.
- 70% of patients said they found it easy to get through to the surgery by phone compared to the CCG average of 71% and national average of 73%.
- 76% of patients described their experience of making an appointment as good compared to the CCG average of 67% and national average of 73%.
- 48% of patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 64% and national average of 65%.

Most of the patients we spoke with were satisfied with the appointments system and said it was easy to use and they could get an appointment when they needed one. Patients confirmed that they could usually see a doctor on the same day and were aware that this might not be with the GP of their choice and that there was usually a wait to be seen. Comment cards we reviewed aligned with these views.

### Listening and learning from concerns and complaints

The practice had a 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. For example, information was included in the practice leaflet and on the

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

website. Patients we spoke with were not aware of the process to follow if they wished to make a complaint, however they told us they felt comfortable requesting the information from staff.

The practice received 11 complaints in the last 12 months. We reviewed two of these and found these were satisfactorily handled and dealt with in a timely way.

Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. For example, complaints about staff members were discussed with the individual to prevent reoccurrence and lessons learned were shared at practice meetings if appropriate to do so.



# 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. There was a practice strategy and supporting business plan which reflected the vision and values, and these were regularly monitored. Staff we spoke with knew and understood the practice's vision and knew what their responsibilities were in relation to these.

### Governance arrangements

The practice had a 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.
- There was a comprehensive understanding of the performance of the practice. Data from the Quality and Outcomes Framework (QOF) was used to measure the practice's performance. Data from the QOF showed the practice had achieved 97.9% of the total number of points available in 2013/14, and 96.2% in 2014/15. This was above the clinical commission group and national averages.
- Clinical audits were used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### 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. The partners were visible in the practice and staff told us that they were approachable and took the time to listen to all members of staff.

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.

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

- Staff told us that the practice held weekly clinical meetings, monthly multi-disciplinary team meetings, and quarterly practice meetings, and we reviewed the minutes to these meetings.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings, were confident in doing so and felt supported if they did. We also noted that the last team away day was in May 2014.
- Staff said they felt respected, valued and supported by the partners and managers in the practice. All staff were involved in discussions about how to run and develop the practice, and the management 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 sought patients' feedback and engaged patients in the delivery of the service.

- It had gathered feedback from patients through the patient participation group (PPG), practice surveys, and complaints and compliments received. The PPG was established four years ago and consisted of a virtual group with a regular membership of 23 to 34 patients. The practice manager consulted with the group at various times during the year. For example, when developing the annual satisfaction survey, identifying areas for improvement as a result of the survey, and agreeing on an action plan in relation to these areas. For example, patients had requested raised and more supportive seating in the waiting area for elderly patients and those with mobility difficulties, and we saw the practice had purchased new chairs with arm rests. We received feedback from three members of the PPG who spoke positively about the service. They told us the PPG were involved in decisions and contributed to how the practice made changes in response to patient feedback. For example, other actions taken by the practice included: an updated practice leaflet in response to patients requesting more information on the services available to them; a staff photo board inside the entrance to the practice; text message reminders sent to patients to remind them of their appointments;

# Are services well-led?

Good 

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

letters sent to patients who frequently did not attend appointments without notifying the practice; and a monthly report of missed appointments on display in the waiting area.

- Results from the friends and family test in August 2015 showed that 51 respondents (89%) were 'extremely likely' or 'likely' to recommend the practice, four (7%) were 'neither likely nor unlikely' to, and two (4%) were

unlikely to. Results from September 2015 showed that three (75%) respondents were 'extremely likely' to recommend the practice, and one (25%) was 'unlikely' to.

- The practice gathered feedback from staff generally through staff meetings, appraisals and discussions. 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.