

Green Street Surgery

Quality Report

Green Street
Enfield
EN3 7HW
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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this service

Requires improvement



Are services safe?

Good



Are services effective?

Requires improvement



Are services caring?

Requires improvement



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



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 Green Street Surgery on 6 October 2016. Overall the practice is rated as requires improvement.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses.
- Risks to patients were assessed and well managed.
- Data showed some patient outcomes were low compared to the national average. Although some audits had been carried out, we saw no evidence that audits were driving improvements to patient outcomes.
- The practice did not have cleaning schedules for the carpets which were within the clinical rooms. Nor were there cleaning schedules for the cleaning of clinical equipment.

- Care plans were in place for some patients however no care plans were in place for patients on end of life care. the practice responded by saying that there were no patients currently on end of life care but plans would be implemented as necessary.
- The practice could not identify the number of carers due to a lack of coding on the practice computer system.
- Multidisciplinary team meetings only took place for older patients.
- The practice had a vision and set of values but did not have a business plan to support them.
- The practice found it difficult to organise a meeting of the patient participation group which had not met in over a year.
- The practice did not have a website but were able to offer online appointment booking.
- The practice had a number of policies and procedures to govern activity; some were in the process of review.

The areas where the provider must make improvements are:

Summary of findings

- Fully engage in multidisciplinary team meetings.
- Produce a business plan to support activity.
- Carry out clinical audits and re-audits to improve patient outcomes.

In addition the provider should:

- Complete the review of practice policies.
- Find ways to reinstate the patient participation group.
- Look at ways to improve national patient survey scores.

- Complete schedules for the cleaning of carpets in the clinical rooms and for individual clinical equipment.
- Undertake a log of prescription pads to ensure security and an audit trail.
- Ensure carers are identified and correctly coded on the computer system and that systems are put in place to support them.
- Undertake portable electrical appliance (PAT) testing.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- The practice had not undertaken portable electrical equipment (PAT) testing.
- Infection control audits were carried out by the practice. However schedules for the cleaning of clinical equipment and the carpets within the clinical rooms were not maintained.
- Prescription pads were kept secure but no system was in place to monitor their use.

Are services effective?

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

Requires improvement



- Data from the Quality and Outcomes Framework (QOF) showed the majority of patient outcomes were comparable to the regional and national average, however some were lower.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- There was no evidence that audit or other quality improvement activities were driving improvement in patient outcomes.
- No care plans existed for patients in end of life care.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as requires improvement for providing caring services, as there are areas where improvements should be made.

Requires improvement



Summary of findings

- Data from the national GP patient survey showed patients rated the practice lower than others for some 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.
- There was no established system for identifying and supporting carers.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example providing extended hours clinics for working patients.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

The practice is rated as requires improvement for being well-led.

- The practice had a vision but there was no supporting business strategy developed.
- The practice had a number of policies and procedures to govern activity, but some of these were in the process of a review.
- All staff had received inductions but not all non-clinical staff had received regular performance reviews or attended staff meetings and events.
- The practice had proactively sought feedback from staff; however the patient participation group was not currently active.

Requires improvement



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 provider was rated as, requires improvement for effective, caring and well led and good for providing a safe and responsive service. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people and offered urgent appointments for those with enhanced needs.
- Home visits were available for patients who could not attend the practice.

Requires improvement



People with long term conditions

The provider was rated as, requires improvement for effective, caring and well led and good for providing a safe and responsive service. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- Nursing staff had lead roles in chronic disease management.
- On the whole performance for diabetes related indicators were comparable to the CCG and national averages.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met

Requires improvement



Families, children and young people

The provider was rated as, requires improvement for effective, caring and well led and good for providing a safe and responsive service. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.

Requires improvement



Summary of findings

- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice uptake for the cervical screening programme was 83%, which was comparable to the CCG average of 81% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with health visitors.

Working age people (including those recently retired and students)

The provider was rated as, requires improvement for effective, caring and well led and good for providing a safe and responsive service. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The practice offered extended opening hours for appointments on a Monday.
- The practice provided health promotion and screening reflected the needs for this age group.

Requires improvement



People whose circumstances may make them vulnerable

The provider was rated as, requires improvement for effective, caring and well led and good for providing a safe and responsive service. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children.

Requires improvement



Summary of findings

People experiencing poor mental health (including people with dementia)

The provider was rated as, requires improvement for effective, caring and well led and good for providing a safe and responsive service. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

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Performance for mental health related indicators was comparable to the CCG and national average.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Requires improvement



Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing in line with local and national averages. Three hundred and four survey forms were distributed and 107 were returned. This represented 4% of the practice's patient list.

- 67% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 68% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 77% of patients described the overall experience of this GP practice as good compared to the national average of 85%.

- 68% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 38 comment cards which were all positive about the standard of care received. Patients stated that staff were friendly and professional and provided a good service.

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

Areas for improvement

Action the service **MUST** take to improve

- Fully engage in multidisciplinary team meetings.
- Produce a business plan to support activity.
- Carry out clinical audits and re-audits to improve patient outcomes.

Action the service **SHOULD** take to improve

- Complete the review of practice policies.
- Undertake portable electrical appliance (PAT) testing.

- Ensure carers are identified and correctly coded on the computer system and that systems are put in place to support them.
- Undertake a log of prescription pads to ensure security and an audit trail.
- Complete schedules for the cleaning of carpets in the clinical rooms and for individual clinical equipment.
- Look at ways to improve national patient survey scores.
- Find ways to reinstate the patient participation group.

Green Street 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 second CQC inspector and a GP specialist adviser.

- Monday 8:30am – 10:30am and 4:30pm – 7:30pm
- Tuesday - Friday 8:30am – 10:30am and 4:30pm – 6:00pm

In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments are also available for people that need them. When the practice was closed, patients were directed to the local out of hour's provider.

Background to Green Street Surgery

Green Street Surgery is located in Enfield, North London. The practice has a patient list of approximately 2300. Fifty one percent of patients are aged under 18 (compared to the national practice average of 44%) and 18% are 65 or older (compared to the national practice average of 20%). Forty one percent of patients have a long-standing health condition.

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 a male GP (working 6 sessions a week), a female locum GP (working 4 sessions a week) two female practice nurses (both working three days a week), a part time practice manager (working 3/4 whole time equivalent), secretarial and reception staff. Green Street Surgery holds a Personal Medical Service (PMS) contract with NHS England.

The practice's opening hours are:

- Monday –Friday 8:00am-6:30pm
- Monday 6:30pm-7:30pm (extended hours)

Appointments are available at the following times:

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

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 6 October 2016 During our visit we:

Detailed findings

- Spoke with a range of staff (GP, practice management and administrative staff) and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

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

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, an incident occurred where the quantity of medication on a prescription was changed by the doctor but when the prescription was printed it was found to be quoting the wrong dosage. This was changed on the system and a new prescription issued to the patient. The practice reviewed this and changed the prescribing policy to ensure an extra check is put in place by the doctor before issuing prescriptions.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements.

Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding.

- Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and nurses were trained to child protection or child safeguarding level 3. Non clinical staff were trained to level 1.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. Cleaning schedules for the premises were maintained, however there was no schedule kept for the cleaning of specific clinical equipment for example spirometer, nebulizer and ear irrigator. Carpets were present within the clinical rooms and there was no log of when the carpets were cleaned. The practice stated that they were in the planning process to have the carpets removed and have new flooring placed.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines reviews, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored. However there was no system in place to monitor their use. Patient Group Directions (PGDs) had been adopted

Are services safe?

by the practice to allow nurses to administer medicines in line with legislation. PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment.

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

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. Clinical equipment was checked to ensure it was working properly (next due December 2017), however electrical equipment (PAT testing) had not been checked to ensure the equipment was safe to use. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control. The practice had undertaken an in house legionella test (Legionella is a term for a particular bacterium which can contaminate water systems in buildings) using national guidelines.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. All non-clinical staff worked part time and had the flexibility to cover other members of staff in times of sickness or when on annual leave.

Arrangements to deal with emergencies and major incidents

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

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

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- New guidelines were discussed between the GP and nursing staff in informal meetings when new guidelines were issued.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 84% of the total number of points available. The practice had a total exception report figure of 7%, compared to the CCG average of 7% and the national average of 9% (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/2015 showed:

- On the whole performance for diabetes related indicators was comparable to the CCG and national average. For example;
 - The percentage of patients on the register in whom the last IFCC-HbA1c was 64 mmol/mol or less was 80% compared to the CCG average of 74% and the national average of 78%.
 - The percentage of patients with a record of a foot examination and risk classification was 87% compared to the CCG average of 86% and the national average of 88%

- However, the percentage of patients on the register in whom the last blood pressure reading was 140/80 mmHg or less was 53% compared to the CCG and national averages of 78%. The practice did not offer an explanation as to why the results were low and no action plan had been considered for improving the figures.
- Performance for mental health related indicators was comparable to the CCG and national average, For example;
 - The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record was 100%, compared to the CCG and national averages of 88%.
 - The percentage of patients diagnosed with dementia whose care had been reviewed in a face to face review in the preceding 12 months was 75%, compared to the CCG and national averages of 84%.
 - Performance in relation to hypertension was lower than the CCG and national averages with the practice only achieving 65% for patients with a blood pressure reading of 159/90mmHg or less. This was compared to the CCG average of 81% and the national average of 84%. The practice did not offer an explanation as to why the results were low and no action plan had been considered for improving the figures.

There was some evidence of quality improvement including clinical audit.

- There had been one clinical audit conducted in the last two years in regard to the prescribing of medicines for neuropathic pain this showed that eight out of the 10 patients identified with the condition were in need of a medication change. There was no follow up audit to show how this had affected the patients. There was no evidence of any completed audit cycles where improvements made were implemented and monitored. There was no evidence of any other quality improvement activity within the practice.

Effective staffing

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

Are services effective?

(for example, treatment is effective)

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules.

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, medical records and investigation and test results. In terms of end of life care, there were no care plans in place at the time of inspection. The practice searched their records and found no patients on end of life care at the current time. however they stated that plans would be implemented as necessary.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

The practice passed information to other health and social care professionals; however the practice was only involved in multi-disciplinary team meetings in regard to older people. There was no involvement with other services in order to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment especially for end of life care, mental health and long term conditions management.

Consent to care and treatment

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

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

Supporting patients to live healthier lives

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

- Those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.

The practice's uptake for the cervical screening programme was 83%, which was comparable to the CCG average of 81% and 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 demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Are services effective?

(for example, treatment is effective)

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 0% to 87% (CCG average range of 23% to 82%) and five year olds from 80% to 90% (CCG average range of 68% to 86%). The practice stated that they found it difficult to get parents to bring their children for immunisations but were actively attempting to

raise the profile of the importance of the immunisations. This was through directly contacting parents of children due for the immunisation and explaining the importance and through information available in the practice.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All of the 38 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 77% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 85% and the national average of 89%.
- 79% of patients said the GP gave them enough time compared to the CCG average of 82% and the national average of 87%.
- 90% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and the national average of 95%.
- 76% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.

- 83% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 88% of patients said they found the receptionists at the practice helpful compared to the CCG average of 84% and the national average of 87%.

The practice was aware of where they had low satisfaction scores and were producing an action plan to address these.

Care planning and involvement in decisions about care and treatment

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

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:

- 74% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 82% and the national average of 86%.
- 76% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 76% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

The practice was aware of where they had low satisfaction scores and were producing an action plan to address these.

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

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.

Are services caring?

Patient and carer support to cope emotionally with care and treatment

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

Due to the lack of correct coding on the practice's computer system, the practice were unable to identify patients that were also carers. The practice informed that this was due to the recent change in computer systems and not all data being fully inputted onto the new system.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example providing extended hours for working patients.

- The practice offered an extended hour's clinic on a Monday evening until 7.30pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS.
- There were disabled facilities, a hearing loop and translation services available.
- The practice provided telephone consultations for working patients.
- The practice worked with health visitors to provide a six weekly baby clinic.
- Specialist nurse led diabetic clinics were run for patients at the practice.
- The practice had recently started to offer online services following the change of clinical computer system to one that facilitated the process.

Access to the service

The practice's opening hours were:

- Monday –Friday 8:00am-6:30pm
- Monday 6:30pm-7:30pm (extended hours)

Appointments were available at the following times:

- Monday 8:30am – 10:30am and 4:30pm – 7:30pm
- Tuesday - Friday 8:30am – 10:30am and 4:30pm – 6:00pm

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

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

- 86% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 67% of patients said they could get through easily to the practice by phone compared to the national average of 73%).

The practice was aware of the lower figures in respect of getting through to the practice and were preparing an action plan to address the concerns that they rose.

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

The practice had a system in place to assess:

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

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

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- 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, through the practice complaints leaflet and posters in the waiting area.

We looked at two complaints received in the last 12 months and found they were dealt with in line with the practice policy. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, when a family member complained that a relative they cared for had not received enough medicines on their

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

prescription, a response was sent to explain the reason as to the prescribed dosage. The policy was changed to ensure that clinical staff explained fully the reason for prescribed doses to ensure there was no confusion on the part of the patient.

Are services well-led?

Requires improvement 

(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 vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- However the practice did not have a robust strategy and supporting business plans to ensure that the vision was fulfilled.

Governance arrangements

The practice had a governance framework which attempted to support the delivery of 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. Some policies were in the process of being updated, for example the chaperone policy and were in need of finalising.
- Performance of the practice was not fully understood and not all issues were addressed. For example ensuring that care plans were in place and that regular reviews of long term conditions were undertaken.
- There was no programme of continuous clinical and internal audit that was used to monitor quality and to make improvements.
- The practice was only involved in multidisciplinary team meetings for the care of older people.
- There were some arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the GP in the practice demonstrated he had the experience and capability to run the practice however it was evident on the day that the GP

did not always have the capacity to effectively lead the practice and was in need of further GP support. Staff told us the GP was approachable and always took the time to listen to all members of staff.

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

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

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the GP encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice Patient Participation Group (PPG) was not currently functioning as the practice found it difficult to convene a meeting. The practice were in the process of attempting to re-start the group. There had been no patient surveys undertaken by the practice to gain customer feedback.

Are services well-led?

Requires improvement



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

- The practice had gathered feedback from staff through staff meetings and annual appraisals. 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.

This section is primarily information for the provider

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
Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The registered person did not do all that was reasonably practicable to assure good governance of the practice.</p> <ul style="list-style-type: none">• There was no business plan to support business activity.• There was limited involvement in multidisciplinary team meetings.• There was no completed clinical audit cycle in place or other evidence of quality improvement. <p>This was in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>