

Gray's Inn Road Medical Practice

Quality Report

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

Ratings

Overall rating for this service

Good



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection on the 29 September 2015. Overall the practice is rated as good.

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.

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

- Data showed patient outcomes were above average.
- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses.
- Patients' needs were assessed and care was planned and delivered following best practice guidance.

- 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.
- 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.

However, there were areas of practice where the provider needs to make improvements. Although risks to patients who used services were assessed, the systems and processes to address these risks were not always implemented well enough to ensure patients were kept safe.

- We noted that some areas of the premises and equipment had not been sufficiently

Summary of findings

cleaned. Although vaccine fridge temperatures were monitored, there was no record of any action taken on two occasions when the recommended range was exceeded.

- Some staff were overdue refresher training in safeguarding and no staff had received training at the practice in chaperoning duties. The practice informed us during the process for checking the factual accuracy of the draft inspection report that safeguarding training had been booked for December 2015 and that chaperone training had been provided in November 2015.
- The practice's emergency equipment was not suitably located and stored and not all staff knew where it was kept.

Although some clinical audits had been carried out, these had not been repeated to monitor improvement in performance to improve patient outcomes. Emergency appointments were available on the day they were requested, but some patients said that they sometimes had to wait a long time for non-urgent appointments.

Importantly, the provider must

- Ensure that all areas of the premises and equipment are suitably cleaned.
- Ensure that staff are aware of the action to take if the vaccine fridge exceeds the recommended temperature range.

In addition, the provider should

- Ensure that staff receive training appropriate to their roles and any further training needs are identified and planned.
- Review the location and storage of emergency equipment and ensure that all staff know its whereabouts.
- Ensure clinical audit cycles are completed to help monitor the service and identify where improvements may be made.
- Continue to work on improving the appointments system so that patients have appropriate access to the service.

Professor Steve Field

CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as requires improvement for providing safe services as there are areas where it should make improvements.

Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated widely to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed.

Although risks to patients who used services were assessed, the systems and processes to address these risks were not always implemented well enough to ensure patients were kept safe. Some staff were overdue refresher training in safeguarding and no staff had received training at the practice in chaperoning duties. However, we saw that the practice had identified and booked training in both cases. We noted that some areas of the premises and equipment had not been sufficiently cleaned. Although vaccine fridge temperatures were monitored, there was no record of any action taken on two occasions when the recommended range was exceeded. The practice's emergency equipment was not suitably located and stored and not all staff knew where it was kept.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services.

Data showed patient outcomes were at or above average for the locality. Staff referred to guidance from the National Institute for Health and Care Excellence and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health.

Staff generally received training appropriate to their roles. There was evidence of appraisals and personal development plans for all staff. Staff worked with multidisciplinary teams.

Although the practice had carried out a number of clinical audits, none had completed cycles to ensure that improvement in performance could be monitored to improve patient outcomes.

Good



Are services caring?

The practice is rated as good for providing caring services.

Data showed that patients rated the practice higher than the local average for several aspects of care. Patients said they were treated with compassion, dignity and respect and they were involved in

Good



Summary of findings

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.

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 NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

Patients' comments indicated that the process for making appointments was sometimes difficult. However, the practice was working to address this, in conjunction with the Patient Participation Group, and was monitoring the situation. Patients could get emergency appointments 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 that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

It had a clear vision and strategy. Staff were clear about the vision and their responsibilities in relation to this. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings. There were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients, which it acted on. The Patient Participation Group was active and steps were being taken to increase membership. Staff had received inductions, regular performance reviews and attended staff meetings and events.

Good



Summary of findings

The six population groups and what we found

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

Older people

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

Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in dementia and end of life care. It provided a service at nearby sheltered accommodation. It was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs. All patients aged over 75 had a named GP.

Good



People with long term conditions

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

Longer appointments and home visits were available when needed. Patients at risk of hospital admission were identified as a priority. All these patients had a named GP and a structured annual review to check that their health and medication needs were being met. For those people with the most complex needs, the practice worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

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

There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations. Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this. Appointments were available outside of school hours and the premises were suitable for children and babies.

Good



Working age people (including those recently retired and students)

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

Good



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 was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

People whose circumstances may make them vulnerable

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

The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. It had carried out annual health checks for people with a learning disability and seven (65%) of the patients had received a follow-up and care plan review since April 2015. It offered longer appointments for people with a learning disability. The practice provided a service to nearby hostels.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. It had told vulnerable patients about how to access various support groups and voluntary organisations. 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



People experiencing poor mental health (including people with dementia)

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

Eighty of the 100 people registered with the practice as experiencing poor mental health had received an annual physical health check. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. 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 (A&E) where they may have been experiencing poor mental health. Staff had received training on how to care for people with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published in July 2015, for the period July - September 2014 and January - March 2015 showed the practice was performing in line with local and national averages. Four hundred and fifty questionnaires were sent out, with 92 being completed and returned - a response rate of 20%.

- 75% find it easy to get through to this surgery by phone compared with a CCG average of 75% and a national average of 73%.
- 77% find the receptionists at this surgery helpful compared with a CCG average of 84% and a national average of 87%.
- 40% with a preferred GP usually get to see or speak to that GP compared with a CCG average of 50% and a national average of 60%.
- 78% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 83% and a national average of 87%.
- 90% say the last appointment they got was convenient compared with a CCG average of 86% and a national average of 92%.

- 60% describe their experience of making an appointment as good compared with a CCG average of 68% and a national average of 73%.
- 48% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 62% and a national average of 65%.
- 43% feel they don't normally have to wait too long to be seen compared with a CCG average of 53% and a national average of 58%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 19 comment cards which were mostly very positive about the standard of care received, calling it outstanding, a great service and that staff were very considerate, very kind and helpful. Several patients said that the process of making an appointment was difficult, but others had no concerns.

We also looked at comments and reviews patients had left on the NHS Choices website. We noted that 63% of the 20 respondents to the site would recommend the surgery. In the Friends and Family Test, to which 9 patients had responded, 100% would recommend the practice.

Areas for improvement

Action the service **MUST** take to improve

- Ensure that all areas of the premises and equipment are suitably cleaned.
- Ensure that staff are aware of the action to take if the vaccine fridge exceeds the recommended temperature range.

Action the service **SHOULD** take to improve

- Ensure that staff receive training appropriate to their roles and any further training needs are identified and planned.

- Review the location and storage of emergency equipment and ensure that all staff know its whereabouts.
- Ensure clinical audit cycles are completed to help monitor the service and identify where improvements may be made.
- Continue to work on improving the appointments system so that patients have appropriate access to the service.

Gray's Inn Road Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, a practice nurse specialist adviser, a practice manager specialist adviser and an Expert by Experience. An expert by experience is a person who has personal experiences of using or caring for someone who uses this type of service.

Background to Gray's Inn Road Medical Practice

Gray's Inn Road Medical Practice operates from 77 Gray's Inn Road, London WC1X 8TS. It provides NHS primary medical services through a Personal Medical Services contract to approximately 3,600 patients. The practice is part of the NHS Camden Commissioning Group (CCG) which is made up of 40 general practices.

The patient profile for the practice indicates a population of more working age people and families with children than the national average and a lower proportion of older people in the area compared with the national average.

The practice's opening hours are 8.00am to 6.30pm on Mondays, Tuesdays, Thursdays and Fridays. It closes at 1.00pm on Wednesday. Appointments are available throughout the day. Late appointments can be booked on Thursdays between 6.30pm and 8.30pm. The telephone line opens at 9.00am. The practice has opted out of providing an out-of-hours service. When closed, calls are

forwarded to the local out-of-hours service provider. Information regarding this is given on the practice website and the practice leaflet, together with details of the NHS 111 service and information regarding two nearby walk in centres, which all patients may use.

The practice partnership is made up of two male GPs, who employ two female salaried GPs. However, we were told that one of the salaried GPs would be leaving shortly. The practice does not currently employ a nurse, but uses a locum who works two days a week. There is a practice manager and eight administrative / reception staff.

The practice is registered with the CQC to provide the regulated activities Diagnostic and screening procedures, Family planning, Maternity and midwifery services, Treatment of disease, disorder or injury.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme. It had been inspected previously in September 2013, using the CQC's old methodology and was found to be compliant with the regulations that applied at the time.

How we carried out this inspection

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

- Is it safe?

Detailed findings

- 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)

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 the 29 September 2015. During our visit we spoke with a range of staff, including one of the partners and a salaried GP, the locum nurse, practice manager and several administrative staff. We also spoke with nine patients who used the service. We observed how people were being cared for and reviewed the personal care or treatment records of patients. We reviewed 19 comment cards where patients and members of the public shared their views and experiences of the service.

Are services safe?

Our findings

Safe track record and learning

There was an open and transparent approach and a system in place for reporting and recording significant events. People affected by significant events received a timely and sincere apology and were told about actions taken to improve care. 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. All complaints received by the practice were entered onto the system and treated as a significant event, if appropriate. We saw a summary of the four significant events over the last 12 months and the review forms for each. They had been investigated properly and were a standing agenda item for discussion at clinical meetings, so that any learning could be shared. The practice had carried out an analysis of the significant events.

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance. This enabled staff to understand risks and gave a clear, accurate and current picture of safety. Staff members we spoke with confirmed that National Patient Safety Alerts were received and circulated by the practice manager and discussed at clinical meetings.

Overview of safety systems and processes

Although the practice had safety systems, processes and practices in place, they were not always implemented well enough to ensure patients were kept safe.

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The practice policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. Both the adult safeguarding and child protection policies had been reviewed in June 2015. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated that they understood their responsibilities and most had been trained in adult safeguarding and child protection, the GPs to level 3. Not all staff had received refresher training, but we were shown evidence that training had been booked for

them. Staff told us of the open culture at the practice, so that all staff felt able to raise any patient safety concerns with colleagues. The practice held quarterly safeguarding meetings, attended by clinical and administrative staff, to which health visitors were invited.

- The practice had an up to date policy on chaperoning, which had been reviewed in June 2015. Staff we spoke with had a good understanding of the role and their responsibilities. One staff member had been trained when working at another practice, but there had been no formal training provided to other staff. The practice manager showed us evidence that the CCG was arranging training which staff would be attending. All staff who acted as chaperones had received a Disclosure and Barring Service check (DBS). (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).
- There was a health and safety policy available with a poster in the reception office. The practice had an up to date fire risk assessment, done in August 2015, regular fire drills were carried out and we saw the record of weekly fire alarm testing. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. We saw evidence of equipment testing and calibration done in May 2015, which included an item failing the test being removed from use and sent for repair. The practice also 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. A legionella risk assessment had been carried out in August 2015. The premises had been checked for the presence of asbestos during renovation work some years ago, when none was found. The annual gas services and boiler check had been undertaken in June 2015. The five-yearly check and certification of electrical wiring had been carried out in August 2015.
- Patients said on the comment cards that they found the practice clean and hygienic. We saw the premises to be generally clean and tidy, although there were some areas that were dusty and some equipment such as scales and the blood pressure monitor needed cleaning.

Are services safe?

We brought this to staff's attention, who agreed to rectify matters immediately and discuss the issues with the practice's cleaning contractor. One of the partners was the infection control clinical lead, sharing responsibility with the practice manager in the absence of an employed nurse. Staff liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol, reviewed in June 2015, in place and staff had received up to date training. We saw that an infection control audit had been carried out in February 2014 on behalf of the practice by NHS England. The auditor had identified that the basement consulting room should not be used and we were told that the partner concerned now used another room on the ground floor. The practice had carried out its own infection control audit in June 2015.

- 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 had up to date medicines management policies, which included specific documents relating to repeat prescribing (reviewed in April 2015), repeat dispensing and controlled drugs (both reviewed in June 2015). There were no controlled drugs kept at the premises. Regular medication audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Prescription pads and loose sheets were securely stored and there were systems in place to monitor their use. Practice staff met regularly with the CCG prescribing adviser to discuss current issues. Data showed that prescribing was comparable to other practices.

We checked how medicines and vaccines were stored. We saw records that confirmed fridge temperature monitoring was conducted and recorded. We noted from the records that on two dates the fridge temperature had been one degree lower than the recommended minimum of 2 degrees centigrade, but there was no record of any investigation or action being taken. We discussed this with staff, but they could offer no explanation. The practice agreed to ensure staff were aware of action to be taken in such circumstances in the future, treating the matter as a significant event, as appropriate. The medicines,

emergency drugs and vaccines we checked were within date. The practice nurse used Patient Group Directions (PGDs) to administer vaccines and other medicines that had been produced in line with legal requirements and national guidance.

- The practice had a suitable recruitment policy that had last been reviewed in June 2015. Recruitment checks were carried out and the eight files we reviewed showed that 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.
- 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

There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. We saw evidence to confirm that all staff received annual basic life support training and there were emergency medicines available. The practice had a defibrillator available on the premises and oxygen with adult and children's masks. We noted that the defibrillator was not properly packed in its case, which might hinder transportation in an emergency. Anaphylactic shock packs, containing adrenaline, were kept only in the nurse's consultation room, which might delay their use in an emergency elsewhere on the premises. The location of the emergency equipment was not indicated by a notice and not all clinical staff we spoke with knew where the equipment was stored. We checked the emergency equipment and medicines and confirmed they in date and fit for use.

The practice had a comprehensive business continuity plan, which had been reviewed in July 2015, 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 carried out assessments and treatment 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 ensure all clinical staff were kept up to date. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs. The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. The results available at the time of the inspection related to 2013/14, and showed the practice scored 87.5% of the total number of points available, with 8.4% exception reporting. This practice was not an outlier for any QOF (or other national) clinical targets. Data showed -

- Performance for diabetes related indicators was 91.3%, being 3.2% above the CCG average and 1.2% above the national average.
- Performance for hypertension related indicators was 100%, being 12.1% above the CCG average and 11.6% above the national average.
- Performance for mental health related indicators was 100%, being 10.9% above the CCG average and 9.6% above the national average.
- Performance for dementia related indicators was 100%, being 5.1% above the CCG and 6.6% above the national average.
- Overall performance for clinical results was 98%, being 6.4% above the CCG average and 5.7% above the national average.

The practice showed us data indicating that 73% of older patients prescribed more than one medication had

received structured annual medication reviews. The practice maintained a register of patients with diabetes, with 74% of the patients having received a foot check and 50% receiving an eye (retinal) check. Seventy per cent of patients on the heart failure register had had an annual medicines review.

The practice maintained registers of homeless patients (48 patients), patients with learning disabilities (17) and those experiencing poor mental health (100). Eleven (65%) of the patients with learning disabilities had received an annual follow up and care plan review since April 2015. We saw data that 80% of patients experiencing poor mental health had received an annual physical health check. The practice had a register of patients with dementia and 64% of the patients had received an annual review since April 2015.

The practice had carried out eight clinical audits in the last two years to identify where improvements could be made and implemented. For example, an audit relating to end of life care had led to alerts being added to patients' medical notes, recording whether they were included on the practice's palliative care register and, if so, the patient's preferred place of death. The audit also brought about a review of the standard form used to provide information to the out of hours provider. We noted, however, that none of the audits had completed cycles allowing for the improvements to be fully monitored. The practice participated in applicable local audits. Findings were used by the practice to improve services. For example, a medicines optimisation review initiated by the CCG led to staff being reminded of prescribing protocols, to prevent some medications being over used.

Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, fire safety, health and safety and confidentiality.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included ongoing support

Are services effective?

(for example, treatment is effective)

during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All staff had had an appraisal within the last 12 months.

- Staff received training that included: infection control, fire procedures, basic life support and information governance awareness. Safeguarding refresher training for some members of staff was overdue, but we saw that this had been booked. The practice was working with the CCG to provide chaperone training. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system. This included care and risk assessments, care plans, medical records and test results. Information such as NHS patient information leaflets were also available. All relevant information was shared with other services in a timely way, for example when people were referred to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a quarterly basis and that care plans were routinely reviewed and updated.

Consent to care and treatment

Patients' consent to care and treatment was always sought 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, assessments of capacity to consent were also carried out in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the

assessment. The process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. 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. The practice had identified that 93% of patients with long term conditions were smokers and had given advice to 86% of them. Patients were then signposted to the relevant service.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 80%, which was comparable to the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 90% to 94% and for five year olds from 72% to 93%. The practice had identified 22 young female patients whose Human Papilloma Virus (HPV) vaccination course had not been completed at school and had provided vaccinations to 61% of them. The practice offered chlamydia screening and provided free condoms.

Flu vaccination rates for the over 65s were 72%, being comparable with the nation average and for at risk groups 62%, being above the national average.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. The practice had undertaken 370 health checks for working age people in the last five years and had plans in place to invite eligible patients again in 2015–2016, using alternative methods to increase uptake. Six hundred and seventy patients had received blood pressure checks since April 2015. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and very 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 so that patients' privacy and dignity was maintained 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.

We reviewed 19 patient comment cards, of which 15 were very positive about the service experienced. Patients said they felt the practice offered a good 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 were generally happy with how they were treated and that this was with compassion, dignity and respect. The practice performed slightly better than the CCG average for its satisfaction scores on consultations with doctors and nurses. For example

- 87% said the GP was good at listening to them compared to the CCG average of 86% and national average of 89%.
- 82% said the GP gave them enough time compared to the CCG average of 80% and national average of 87%.
- 98% said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and national average of 95%
- 88% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 80% and national average of 85%.
- 89% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 82% and national average of 90%.

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 we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and results were in line with local and national averages. For example

- 87% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and national average of 86%.
- 82% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 78% and national average of 81%

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. On Mondays and Fridays a Bengali interpreter attended the practice to assist patients from that ethnic group.

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. There was a practice register of all people who were carers who were being supported, for example, by referral for social services support. Written information was available for carers to ensure they understood the various avenues of support available to them.

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

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

- The doctor's consultations were available from 8.00am until 6.30pm on Mondays, Tuesday and Fridays, with late appointments available until 8.30pm on Thursday.
- Ten- or 15-minute consultations were available.
- Appointments could be booked, and repeat prescription requested, online
- Each GP had set aside two emergency slots during mornings and evenings for urgent access consultations for patients with serious medical conditions.
- There were longer appointments available for people with a learning disability.
- Home visits were available for older patients or other patients who would benefit from them.
- There were disabled facilities and translation services available.
- Staff attended nearby hostels for patients with alcohol and substance abuse problems and had good links with local sheltered housing providers, where a number of patients lived.

Access to the service

The practice's opening hours were 8.00am to 6.30pm on Mondays, Tuesdays, Thursdays and Fridays. It closed at 1.00pm on Wednesday. Appointments were available throughout the day. Late appointments could be booked on Thursdays between 6.30pm and 8.30pm. The telephone line opened at 9.00am. The practice had opted out of providing an out-of-hours service. When closed, calls were forwarded to the local out-of-hours service provider. Information regarding this was given on the practice website and the practice leaflet, together with details of the NHS 111 service and information regarding two nearby walk in centres, which all patients may use.

The clinical team was made up of two male partner GPs, and two female salaried GPs, together with a locum nurse. One of the partners worked nine sessions per week, while

the other worked five. The salaried GPs worked five and four sessions respectively. The locum nurse worked 12 hours a week, over two days. We were told that one of the salaried GPs would be leaving shortly. Staff told us the practice was considering increasing the nurse's hours as a consequence.

Each doctor's sessions were made up of 18 bookable slots plus two emergency slots. The walk-in clinic had been ended following consultation with the Patient Participation Group (PPG), but one of the partners told us that emergency patients would always be seen after triaging. Triage involved the patient completing a form at reception, which was then assessed by one of the GPs. Appointments could be booked 48 hours in advance and up to one month in advance. There were online facilities for patients to book appointments and order repeat prescriptions. This service required patients to register to use it.

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

- 67% of patients were satisfied with the practice's opening hours compared to the CCG average of 69% and national average of 75%.
- 75% of patients said they could get through easily to the surgery by phone compared to the CCG average of 75% and national average of 73%.
- 60% of patients described their experience of making an appointment as good compared to the CCG average of 68% 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 62% and national average of 65%.

Six of the 19 patient comment cards we saw also mentioned difficulties with the appointments system, which had also been the subject of four complaints to the practice and three comments left by patients on the NHS Choices website. The issue had been recognised for some time and in consultation with the PPG the practice had ended the walk in clinic to allow for more bookable appointments. However, two of the patients who completed comment cards, said they would like to see the walk in clinic reinstated. The practice had taken on the two

Are services responsive to people's needs?

(for example, to feedback?)

salaried GPs, although one was due to leave the practice shortly after our inspection. One of the partners informed us that recruitment and retention had proved difficult in the past. Staff told us they would continue to monitor the situation and make changes needed, where practicable.

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 in the practice leaflet, posters around the premises and on the practice website. Patients we spoke with were aware of the process to follow if they wished to make a complaint, but none had done so.

We looked at the seven complaints received in the last 12 months and found they were satisfactorily handled, dealt with in a timely way with openness and transparency.

Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, following a complaint by a patient that phone calls took a long time to be answered at 9.00am, when the switchboard opened, the practice arranged to increase the staffing level of the reception desk. We saw that complaints were discussed at clinical meetings, so that learning could be passed on to all staff.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. The practice's aims and objectives were set out in its statement of purpose, which included

- To provide an effective medical service to all our patients to support their needs, in a confidential and safe environment.
- To ensure all patients are cared for by all staff members in a compassionate, dignified and respectful manner.
- To show all patients kindness and courtesy at all times, irrespective of their ethnic origin, age, religious beliefs or the nature of their health problems.
- To provide a responsive service to all our patients and to involve them in decisions regarding their health.
- To involve other healthcare professionals in the care of our patients where it is necessary and in the patients' best of interest and health.
- To promote good health to all our patients.
- To involve all our patients into the development of the practice and to take their feedback and criticism into account. All patients are encouraged to take part in surveys provided by the practice.
- To ensure all members of staff are well led and supported in the development of their roles at the practice, to deliver a high quality service to all patients to result in high patient satisfaction.
- To ensure the location of the practice is safe for all patients and employees for all regulated day to day activities.

Staff we spoke with were familiar with the aims and objectives.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities
- Practice-specific policies were implemented, regularly reviewed and updated, and were available to all staff via the shared computer system
- A comprehensive understanding of the performance of the practice, with QOF data monitored, reviewed and discussed at staff meetings
- There were systems for identifying, recording and managing risks, issues and implementing mitigating actions

Leadership, openness and transparency

The partners in the practice have the experience, capacity and capability to run the practice and ensure high quality care. They prioritise safe, high quality and compassionate care. The partners were visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff. The partners encouraged a culture of openness and honesty.

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

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

The practice encouraged and valued feedback from patients, proactively gaining patients' feedback and engaging patients in the delivery of the service. It had gathered feedback from patients through the Patient Participation Group (PPG) and through surveys and complaints received. The practice had replaced its own patient survey with the NHS Friends and Family Test, the results of which were recorded and monitored. We saw the cumulative results for 2015 and noted that patients' responses were predominantly positive.

The practice had a PPG of 14 patients, although its makeup was not representative of the practice patient population.

Are services well-led?

Good 

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

The practice was making efforts to increase the participation of male patients, younger patients and those from different ethnic backgrounds, by advertising the PPG with posters, and on the waiting room TV screen and the website. The practice manager told us it was sometime difficult to arrange PPG meetings, with members not being available. We saw that meetings were held roughly every six months and the minutes were available on the practice website. The PPG had raised the matter of staff's language and communications skills and the practice arranged for "Reception/ front of house" training to be provided.

The practice had also gathered feedback from staff generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

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
Diagnostic and screening procedures	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
Family planning services	The registered person had not protected people against the risk associated with a failure to properly and safely manage medicines.
Maternity and midwifery services	This was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
Treatment of disease, disorder or injury	Regulation 12 (2) (g)