

# Archway Medical Centre

## Quality Report

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

## Ratings

### Overall rating for this service

Good



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

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.

We carried out an announced comprehensive inspection on the 11 January 2016. Overall the practice is rated as good.

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

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

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

However, there are areas where improvement can be made.

The provider should -

- Continue to monitor the appointment system to identify where improvements in patient access can be made.
- Continue to regularly review and assess the risks associated with not having a defibrillator on the premises.

# Summary of findings

- Work with the PPG to increase its activity, allowing patients to be more involved in making recommendations and decisions regarding service delivery.

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

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there are unintended or unexpected safety incidents, people receive reasonable support, truthful information, a verbal and written apology and are told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.
- The practice did not have a defibrillator – a device used to re-start a person's heart in an emergency - but it had carried out a suitable risk assessment, which was subject to regular review.

Good



### Are services effective?

The practice is rated as good for providing effective services.

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

Good



### Are services caring?

The practice is rated as good for providing caring services.

- Data showed that patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.

Good



# Summary of findings

- 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.

- Most patients found it easy to make an appointment, with urgent appointments available the same day. The practice continually monitored its appointment system to identify where improvements could be made.
- The practice offered booked appointments with GPs from 7.00am on Wednesdays and until 8.00pm on Tuesdays and Thursdays for working patients who could not attend during normal opening hours.
- Half of all appointments slots were 15 minutes long.
- Telephone consultations and home visits were available for those who would benefit from them.
- The practice was 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 to deliver high quality care and promote good outcomes for patients. Staff members were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.

Good



# Summary of findings

## The six population groups and what we found

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

### Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice maintained a case management register of 139 patients considered to be at high risk of admission to hospital, all of whom 121 (81%) had had their care plans reviewed and shared with relevant parties at the time of our inspection.
- We saw evidence that patients discharged from hospital received a follow up consultation.
- Two hundred and eleven patients identified as at risk of developing dementia had been offered cognition tests.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- All patients aged over 75 had a named GP.
- The practice provided a service to two large local care homes, with GPs attending weekly “ward rounds”.
- Flu vaccination rates for patients aged over 65 were 11% above the national average.

### People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice maintained a register of 282 patients with diabetes, of whom 192 had received an annual eye (retinal) check. Eighty per cent of patients on the diabetes register had received flu vaccinations; 81% had had an annual foot check and 82% been given a structured education programme, to help them manage their health condition.
- Longer appointments and home visits were available when needed.
- The practice used its electronic records system to identify patients at high risk of developing long term conditions and to manage their health care.

# Summary of findings

- Flu vaccination rates for patients at high risk were 12% above the national average.

## 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.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's cervical screening rate was comparable with the national average.
- Appointments were available outside of school hours.
- We saw good examples of joint working with midwives, health visitors and school nurses.
- Immunisation rates for the standard childhood immunisations were high, compared with the local average.

Good



## Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice had carried out blood pressure tests on 1,587 patients aged over 45, being 90% of those eligible.

Good



## People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.

Good



# Summary of findings

- It offered longer appointments for people with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- It had told vulnerable patients about how to access various support groups and voluntary organisations.
- There were twice-monthly sessions with an alcohol worker offering patients specialist advice.
- There were twice-weekly sessions with a Citizens' Advice Bureau worker, to provide advice regarding benefits and housing issues.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

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

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

- The practice maintained a register of 63 patients with dementia, of whom 42 (70%) had had their care reviewed in a face to face meeting in the last 12 months.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- It had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support people with mental health needs and dementia.

Good





# Summary of findings

## What people who use the service say

The latest national GP patient survey results were published in July 2015, covering the period July - September 2014 and January - March 2015. Four hundred and fifty seven forms were distributed and 107 (23%) were returned. This amounts to approximately 2% of patients on the practice list.

- 73% found it easy to get through to this surgery by phone compared to a CCG average of 76% and a national average of 73%.
- 62% found the receptionists at this surgery helpful (CCG average 86%, national average 87%).
- 71% were able to get an appointment to see or speak to someone the last time they tried (CCG average 83%, national average 85%).
- 82% said the last appointment they got was convenient (CCG average 87%, national average 92%).
- 51% described their experience of making an appointment as good (CCG average 69%, national average 73%).

- 39% usually waited 15 minutes or less after their appointment time to be seen (CCG average 61%, national average 65%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 33 comment cards which were all positive about the standard of care received, describing the practice staff as respectful, friendly and caring. Patients said they were not rushed and that they had the opportunity to discuss their health care needs fully. However, 12 of the comments cards mentioned delays and difficulties in getting appointments and in three patients said time spent waiting at appointments was sometimes a problem.

We spoke with ten patients during the inspection and two members of the patient participation group. All the patients spoke highly of the care they received and thought that staff were approachable, committed and caring. However, issues such as difficulties obtaining appointments and getting through to the practice by phone were mentioned.

## Areas for improvement

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

- Continue to monitor the appointment system to identify where improvements in patient access can be made.
- Continue to regularly review and assess the risks associated with not having a defibrillator on the premises.
- Work with the PPG to increase its activity, allowing patients to be more involved in making recommendations and decisions regarding service delivery.

# Archway Medical Centre

## 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 inspector, a GP specialist advisor, a practice manager specialist advisor, a practice nurse specialist advisor and an Expert by Experience.

## Background to Archway Medical Centre

The Archway Medical Centre operates from 652 Holloway Road, London N19 3NU, premises which had been converted from residential use some years ago. The practice provides NHS services through a Primary Medical Services (PMS) contract to approximately 5200 patients. It is part of the NHS Islington Clinical Commissioning Group (CCG) which is made up of 38 general practices.

The practice's clinical staff comprises four GPs (two female GPs and two male), two of whom are partners in the practice, together with two practice nurses and two health care assistants. The practice's administrative team is made up of a practice manager and assistant, a practice secretary, three receptionists and an administrator / scanner.

The practice's opening times are 9.00am to 6.30pm on Monday and Friday, 9.00am to 8.00pm on Tuesday and Thursday and 7.00am to 5.00pm on Wednesday.

Consultation times for GPs are –

- Monday 9.30am - 12.00 noon and 3.00pm - 6.00pm
- Tuesday 9.30am - 12.00 noon and 3.30pm - 8.00pm
- Wednesday 7.00am - 12.30pm and 3.00pm - 5.30pm

- Thursday 9.30am - 12.00 noon and 3.30pm - 8.00pm
- Friday 9.30am - 12.00 noon and 1.30pm - 6.00pm

Consultation times for the nurses are -

- Monday 9.30am - 11.00am and 4.00pm - 6.00pm
- Tuesday 9.30am - 11.00am and 2.30pm - 4.00pm
- Wednesday 9.30am - 11.00am
- Thursday 9.30am - 11.00am and 4.00pm - 6.00pm
- Friday 9.30am - 11.00am and 3.30pm - 5.30pm

Appointments can be booked up to six weeks in advance. The practice offers some appointments to patients at weekends using the CCG's local IHub service, at another practice nearby.

Telephone consultations are available and those with a practice nurse can be booked in advance and are available between 12.30pm – 1.30pm on Tuesday and Thursday. GPs also provide some telephone consultations at the end of each clinical session. Home visits are available and need to be requested by phone before 10.30am.

The practice has opted out of providing an out-of-hours service. Patients calling the practice when it is closed are connected with the local out-of-hours service provider. Information is provided on the practice website regarding the NHS 111 service.

The patient profile for Islington CCG indicates a population of more working age people than the national average, with a particularly high proportion of younger adults in the 25 to 40 age range. There are a lower proportion of children and older people in the area compared with the national average. However, practice staff told us that there had been a change over the past few years, with a rise in the number of elderly patients.

# Detailed findings

## Why we carried out this inspection

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

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

We had inspected the practice in early 2014, using our previous inspection approach, and found that it was compliant with the regulations that applied at the time.

## How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on the 11 January 2016. During our visit we:

- Spoke with a range of staff, including GPs, practice nurses, the practice manager and assistant manager and other administrative staff. We spoke with ten patients who used the service.
- Observed how people were being cared for and talked with carers and / or family members.

- Reviewed the personal care or treatment records of patients.
- Reviewed 33 comment cards where patients and members of the public shared their views and experiences of the service.'

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

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. We saw an analysis sheet of 11 significant events over the past 12 months, with learning outcomes and action points recorded. For example, when some blood test results given by the testing laboratory over the phone were not passed on immediately to a GP, staff received additional training in handling test results and the practice guidelines were reviewed with all staff.

When there are unintended or unexpected safety incidents, people receive reasonable support, truthful information, a verbal and written apology and are told about any actions to improve processes to prevent the same thing happening again.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. We saw evidence

that GPs and nurses were trained to Safeguarding level 3 and appropriate refresher courses, to be provided over the coming few months, had been booked by the practice.

- A notice in the waiting room advised patients that nurses and health care assistants would act as chaperones, if required. We saw that all staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). The chaperone policy had last been reviewed in September 2015.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. Patients we spoke with and those who completed comment cards said they had no concerns over cleanliness at the practice. The practice nurses shared responsibility for infection control and liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place, which had been reviewed in September 2015, and annual infection control audits were undertaken. We saw evidence of a recent, limited audit being conducted in December 2015, but also confirmation that a full audit was booked for the end of January 2016. At which time all staff would receive annual infection control training. Curtains in consultation rooms were disposable and all medical instruments were single-use. There was an adequate supply of personal protective equipment, such as gloves, masks and aprons, which patients confirmed were used by clinical staff during examinations.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, and worked closely with the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line

# Are services safe?

with legislation. The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccinations. Vaccines fridge temperatures were monitored and recorded. No controlled drugs were kept on the premises. The practice's medicines and prescribing policies had been reviewed in September 2015 and a risk assessment done in December 2015.

- We reviewed nine personnel files and found 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.

## 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. The practice had up to date fire risk assessment, most recently conducted in December 2015 and we saw that regular fire drills were carried out. All electrical equipment had been in December 2015 checked to ensure the equipment was safe to use. The premises fixed wiring and gas services had been tested at the same time. Clinical equipment had been checked and calibrated in June 2015 to ensure it was working properly. 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 and legionella.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

## Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents. It had carried out a full risk assessment regarding having a defibrillator on site, which had been drawn up in accordance with guidelines issued by the Resuscitation Council. A defibrillator is a device used to re-start a person's heart in an emergency. The practice had concluded that being close to the Whittington Hospital and ambulance station, a defibrillator was not needed. The written risk assessment was reviewed annually.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- There was a first aid kit and accident book available.
- All staff received annual basic life support training, most recently in October 2015.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. We saw that the supplies were regularly monitored and recorded. All the medicines we checked were in date and fit for use.
- The practice had an oxygen supply on the premises with adult and children's masks.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and made provision for the service to transfer temporarily to a nearby location should the practice be unable to operate from its usual premises.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs. For example, we saw evidence of a staff discussion regarding recent NICE guidelines on "Transition between inpatient hospital settings and community or care home settings for adults with social care 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 used the information collected for the Quality Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 95.2% of the total number of points available, with 11.8% exception reporting. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed -

- Performance for diabetes related indicators was 87.2%, being 0.6% below the CCG average and 2% below the national average.
- Performance for hypertension related indicators was 100%, being 3.3% above the CCG average and 2.2% above the national average.
- Performance for mental health related indicators was 92.3%, being 0.2% below the CCG and 0.5% below the national average.
- Performance for dementia related indicators was 100%, being 3% above the CCG and 5% above the national average.

Clinical audits demonstrated quality improvement. The practice showed us evidence of ten clinical audits completed in the last two years. Two of these were completed audits where the improvements made were implemented and monitored.

- The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, following an audit of older patients who had experienced falling, the practice re-established the need to review patients' prescribed anti-hypertension medication upon their discharge from hospital, as this was likely to increase their susceptibility to falls. In addition, when a patient had experienced a fall, any sedative prescribed would also be reviewed along with their anti-hypertension medication.

### Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff, for example for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.



# Are services effective?

## (for example, treatment is effective)

### Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets was also available.
- The practice shared relevant information with other services in a timely way, for example when referring people to other services.

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

### 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 GPs or practice nurses 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

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.
- An alcohol adviser attended twice a month to provide specialist advice to patients.
- The practice had identified the smoking status of patients aged over 16 and had offered smoking cessation advice 1,105 (99%) of them. Thirteen patients had given up smoking in the last 12 months.

The practice had a failsafe system for ensuring results were received for every sample sent as part of the cervical screening programme. The practice's uptake for the cervical screening programme was 80.99%, which was comparable to the national average of 81.88%. 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 higher than CCG averages. For example, childhood immunisation rates for the vaccinations given to under-two-year olds was 97.8% and for five-year olds it ranged from 86.3% to 100% for all vaccination types. Flu vaccination rates for the over 65s were 84.85%, being 11% above the national average and for at risk groups 64.03%, 12% 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. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

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

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

All of the 33 patient comment cards we received were positive about the service experienced with regard to it being caring. Patients said they felt the practice offered an excellent service and staff were helpful, attentive and treated them with dignity and respect. We spoke with two members of the patient participation group. They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when 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 generally above or comparable with local averages for its satisfaction scores on consultations with doctors and nurses. For example:

- 90% said the GP was good at listening to them compared to the CCG average of 85% and national average of 89%.
- 82% said the GP gave them enough time (CCG average 80%, national average 87%).
- 95% said they had confidence and trust in the last GP they saw (CCG average 94%, national average 95%)
- 85% said the last GP they spoke to was good at treating them with care and concern (CCG average 81%, national average 85%).

- 85% said the last nurse they spoke to was good at treating them with care and concern (CCG average 84%, national average 90%).
- 62% said they found the receptionists at the practice helpful (CCG average 86%, national average 87%)

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

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

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

- 89% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83% and national average of 86%.
- 84% said the last GP they saw was good at involving them in decisions about their care (CCG average 76%, national average 81%)

Staff told us that translation services were available for patients who did not have English as a first language. This included interpreters being available for telephone consultations and face-to-face meetings. We saw notices in the reception areas informing patients this service was available.

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

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 30 patients as carers. Written information was available to direct carers to the various avenues of support available to them.



## Are services caring?

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.

- The practice offered booked appointments with GPs from 7.00am on Wednesdays and until 8.00pm on Tuesdays and Thursdays for working patients who could not attend during normal opening hours.
- Half of all appointments slots were 15 minute long and there were longer appointments available for people with a learning disability.
- Home visits were available for older patients / patients who would benefit from them.
- Same day appointments with GPs were available for children and those with serious medical conditions.

The practice had recognised that the premises were not best suited for their purpose, having been converted from residential use originally. Access was a problem for patients with reduced mobility and for patients with prams. The practice had sought to address this by keeping a consultation room by the waiting area free for patients who could not easily manage the stairs and informed patients of the matter on its website. It was actively seeking alternative accommodation and had identified nearby commercial premises as possibly being suitable. The practice was working closely with the patient participation group in this regard.

### Access to the service

The practice's opening times were 9.00am to 6.30pm on Monday and Friday, 9.00am to 8.00pm on Tuesday and Thursday and 7.00am to 5.00pm on Wednesday.

Consultation times for GPs were -

- Monday 9.30am - 12.00 noon and 3.00pm - 6.00pm
- Tuesday 9.30am - 12.00 noon and 3.30pm - 8.00pm
- Wednesday 7.00am - 12.30pm and 3.00pm - 5.30pm
- Thursday 9.30am - 12.00 noon and 3.30pm - 8.00pm
- Friday 9.30am - 12.00 noon and 1.30pm - 6.00pm

Consultation times for the nurses were -

- Monday 9.30am - 11.00am and 4.00pm - 6.00pm
- Tuesday 9.30am - 11.00am and 2.30pm - 4.00pm
- Wednesday 9.30am - 11.00am
- Thursday 9.30am - 11.00am and 4.00pm - 6.00pm
- Friday 9.30am - 11.00am and 3.30pm - 5.30pm

Appointments with GPs could be booked up to six weeks in advance. The practice offered some appointments at weekends using the local IHub service, at another practice nearby.

Telephone consultations were available with GPs and nurses. Those with a practice nurse could be booked in advance, and were available between 12.30pm – 1.30pm on Tuesday and Thursday. GPs also provided some telephone consultations at the end of each clinical session. Home visits were available and needed to be requested by phone before 10.30am.

The practice had opted out of providing an out-of-hours service. Patients calling the practice when it was closed were connected with the local out-of-hours service provider. Information was provided on the practice website regarding the NHS 111 service. The practice leaflet gave details of a local walk in centre which all patients could use when the practice was closed.

Patients who had previously registered for the service could book appointments and request repeat prescriptions online. The practice participated in the electronic prescription service allowing patients to nominate their preferred pharmacists and have prescriptions processed without the need to attend the practice. It also used the Choose and Book system to set up secondary care referrals to meet patients' preferences.

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

- 58% of patients were satisfied with the practice's opening hours compared to the CCG average of 67% and national average of 75%.
- 73% patients said they could get through easily to the surgery by phone (CCG average 76%, national average 73%).

# Are services responsive to people's needs?

## (for example, to feedback?)

- 51% patients described their experience of making an appointment as good (CCG average 69%, national average 73%).
- 39% patients said they usually waited 15 minutes or less after their appointment time (CCG average 61%, national average 65%).

The findings were confirmed by 12 of the 33 comments cards we received and by a number of patients we spoke with. Patients mentioned having to wait for calls to be answered, appointments being difficult to get and clinics running late. However, other patients had not said there was a problem with appointments. One patient told us that the walk-in service had been terminated in January 2015 without notice, but we saw that the change had been advertised on the practice's website beforehand. We noted that following the end of the nurses' walk-in service, the practice had carried out a survey of patients who had used the new nurses' appointment booking system. It showed that 70% of the patients had got a same day appointment and the remaining 30% had been given an appointment they were happy with. All the patients surveyed had said they were satisfied with the new system. The practice had also increased the number of staff operating the phones at busy times following feedback from patients.

Staff told us that the practice had recognised that access to the service was an issue and that it continually monitored relevant feedback as part of an ongoing review of service access.

### 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 in the practice leaflet and on its website to help patients understand the complaints system.

We looked at the seven written complaints received in the last 12 months and that they had been handled satisfactorily, being dealt with in a timely way, with openness and transparency. We saw that complaints were reviewed in practice meetings. Lessons were learned from concerns and complaints and action was taken to as a result to improve the quality of care. For example, when a patient made a complaint about their prescription being withheld, the practice explained that this was because the patient's medicines review was overdue. However, this had not been made clear to the patient at the time. The practice reviewed its repeat prescription procedure and instructed staff to contact straight away all patients who may be affected to explain the need for regular medicines reviews and the possible delay that might be incurred as a consequence.

We saw that two patients' written complaints had been dealt with by NHS England in 2014/15, neither of which had been upheld.

# 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 statement of purpose included the values -

- "To provide high quality primary care services to our patient population. This will include routine and emergency consultations for medical advice and treatment also chronic disease management.
- To focus on disease prevention by promoting a healthy lifestyle choices and participating in NHS screening activities.
- To provide our patients with a comfortable and friendly environment.
- To involve other professionals in the care of our patients when necessary i.e. through referrals to specialist care and secondary care services.
- To respect the privacy and personal beliefs of all patients and treat them with courtesy and consideration.
- To ensure all members of our team have the right skills and training to carry out their duties."

### 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, reviewed regularly, and were available to all staff.
- A comprehensive understanding of the performance of the practice.
- A programme of continuous clinical and internal audit which is used to monitor quality and to make improvements.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership, openness and transparency

The GPs had the experience, capacity and capability to run the practice and ensure high quality care. They prioritise safe, high quality and compassionate care. The GPs and practice manager were visible in the practice and staff told us that they were approachable and always took the time to listen to them.

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents. When there were unexpected or unintended safety incidents, the practice gave people affected reasonable support, truthful information and a verbal and written apology.

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

- Staff told us that the practice held regular team meetings and we saw evidence to confirm this.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and 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, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. We spoke with two members of the PPG, who told us that the group consisted of seven or eight regular members, but that meetings were not as frequent as they might be. The PPG chair was positive about their interaction with the practice and had plans to increase the PPG's activity. They told us

# Are services well-led?

Good 

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

that the practice had responded well to suggestions made by the PPG, for example regarding the refurbishment of the waiting area and the receptionists now routinely informing patients of any delays in the running of clinical sessions.

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

## Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, the practice had been selected by the CCG to participate in two test initiatives regarding integrating health and social care and creating practice-based mental health teams.