

Addison House - Haque Practice

Quality Report

Addison House Surgery
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Essex

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

Ratings

Overall rating for this service

Requires improvement



Are services safe?

Good



Are services effective?

Requires improvement



Are services caring?

Requires improvement



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	11

Detailed findings from this inspection

Our inspection team	12
Background to Addison House - Haque Practice	12
Why we carried out this inspection	12
How we carried out this inspection	12
Detailed findings	14

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Addison House – Haque Practice on 3 August 2017. Overall, the practice is rated as requires improvement.

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

- Data from the national GP patient survey, published July 2017, showed patients rated the practice lower than others for some aspects of care.
- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average compared to the national average. However, they had a higher than average exception reporting in some areas. Overall exception reporting for the practice was 16% compared to the CCG average of 6% and the national average of 6%.
- Childhood immunisations were carried out in line with the national childhood vaccination programme. The most recent published data for 2015/16 showed uptake rates for the vaccines given to under two year olds was lower than the national target of 90% in two areas.
- The practice had identified 134 patients as carers, which was less than 1% of the practice list size. The practice did not have a carers' champion to help ensure that the various services supporting carers were coordinated and effective. There was no written information available to direct carers to the avenues of support available to them.
- Clinical meetings were held weekly which provided an opportunity for staff to learn about the performance of the practice. However, there were no meetings held for the reception or administration staff. Communication to this staff group was via informal discussion, email and the practice intranet system.
- A fire risk assessment had been completed; however, they did not carry out regular fire drills.
- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.
- The practice had clearly defined and embedded systems to minimise risks to patient safety.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- Information about services and how to complain was available.

Summary of findings

- Patients we spoke with said they could usually make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice sought feedback from staff and patients, which it acted on.
- The provider was aware of the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.

The areas where the provider should make improvements are:

- Review patients monitored through QOF including patients who are subject to exception reporting for diabetes and mental health. For example, review the recall programme so that all patients are given optimal opportunity for a review.

- Monitor patient feedback through the national GP patient survey and practice surveys to continue to identify and ensure improvement to patient experience.
- Review the uptake of the childhood immunisation programme following the actions implemented to make improvements.
- Continue to identify and ensure support to carers.
- Continue to encourage patients to attend cancer screening programmes.
- Review forums to ensure effective communication to all staff.
- Carry out regular fire drills so staff are aware of how to respond in the event of a fire.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- From the sample of documented examples we reviewed, we found there was a system for reporting and recording significant events; lessons were shared to make sure action was taken to improve safety in the practice. When things went wrong patients were informed as soon as practicable, received support, information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices to minimise risks to patient safety.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had adequate arrangements to respond to emergencies and major incidents. They had a business continuity plan for major incidents such as power failure or building damage.
- A fire risk assessment had been completed; however, they did not carry out regular fire drills.

Are services effective?

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

Requires improvement



- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average compared to the national average.
- Staff were aware of current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff. Most staff had received an appraisal within the last 12 months and dates were planned for those that were overdue
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- End of life care was coordinated with other services involved.

Summary of findings

- Childhood immunisations were carried out in line with the national childhood vaccination programme. The most recent published data for 2015/16 showed uptake rates for the vaccines given to under two year olds was lower than the national target of 90% in two areas.

Are services caring?

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

- Data from the national GP patient survey, published July 2017, showed patients rated the practice lower than others for some aspects of care. For example,
 - 80% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 88% and the national average of 89%.
 - 78% of patients said the nurse gave them enough time compared with the CCG average of 92% and the national average of 92%.
- The practice had identified 134 patients as carers, which was less than 1% of the practice list size. The practice did not have a carers' champion to help ensure that the various services supporting carers were coordinated and effective. There was no written information available to direct carers to the avenues of support available to them.
- Patients we spoke with were satisfied with the care provided by the practice and said their dignity and privacy was respected. They commented that staff were polite and caring.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Requires improvement



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice understood its population profile and had used this understanding to meet the needs of its population.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- Patients told us on the day of the inspection that they were usually able to get appointments when they needed them. They commented that Saturday morning appointments were helpful.
- Urgent appointments were available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Good



Summary of findings

- Interpretation services, including British Sign Language interpreters were available.
- Information about how to complain was available and evidence from examples reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- The practice worked with a local homeless shelter to provide GP services for patients of no fixed abode.

Are services well-led?

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

Good



- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had policies and procedures to govern activity.
- An overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- Staff had received inductions, annual performance reviews and attended training opportunities.
- Clinical meetings were held weekly which provided an opportunity for staff to learn about the performance of the practice. However, there were no meetings held for the reception or administration staff. Communication to this staff group was via informal discussion, email and the practice intranet system.
- The provider was aware of the requirements of the duty of candour. In examples we reviewed we saw evidence the practice complied with these requirements.
- The partners encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- The practice engaged with the patient participation group, also known as Friends of Addison House.
- There was a focus on continuous learning and improvement at all levels.
- The practice was engaged with an extended patient access scheme within the locality in collaboration with other GP practices in the area. GP services were provided that allowed patients to see a GP, nurse or a healthcare assistant in the evenings or at the weekend.

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



- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- Routine weekly visits in addition to ad hoc home visits were made to a local care home.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Where older patients had complex needs, the practice shared summary care records with local care services.

People with long term conditions

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

Requires improvement



- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was similar to the CCG and national averages. However they did have higher than average exception reporting in this area. For example, the practice achieved 96% with 35% exception reporting compared to the CCG average of 85% with 12% exception reporting and the national average of 90% with 12% exception reporting.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.
- All these patients had a named GP and there was a system to recall patients for a structured annual review to check their

Summary of findings

health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

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

- From the sample of documented examples we reviewed we found there were systems 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 accident and emergency (A&E) attendances.
- Childhood immunisations were carried out in line with the national childhood vaccination programme. The most recent published data for 2015/16 showed uptake rates for the vaccines given to under two year olds was lower than the national target of 90% in two areas.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked with midwives and health visitors to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics.
- The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications.
- The practice's uptake for the cervical screening programme was 81%, which was comparable with the CCG average of 83% and the national average of 81%.

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 these populations had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care, for example, extended opening hours were available on Saturdays.
- 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 also encouraged its patients to attend national screening programmes for bowel and breast cancer. For example,

Good



Summary of findings

- 61% of females, aged 50-70 years, were screened for breast cancer in last 36 months compared to the CCG average of 70% and the national average of 73%.
- 49% of patients, aged 60-69 years, were screened for bowel cancer in last 30 months compared to the CCG average of 57% and the national average of 58%.
- Health promotion leaflets were available in the patient waiting area to take away.

People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- The practice worked with a local homeless shelter to provide GP services for patients of no fixed abode.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice had information available for vulnerable patients about how to access support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable.
- The practice had identified 134 patients as carers, which was less than 1% of the practice list size. Health checks and flu jabs were offered to carers. The practice did not have a carers' champion to help ensure that the various services supporting carers were coordinated and effective. There was no written information available to direct carers to the avenues of support available to them.

Good



People experiencing poor mental health (including people with dementia)

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

- The practice carried out advance care planning for patients living with dementia.

Requires improvement



Summary of findings

- 100% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which was better than the CCG average of 83% and the national average of 84%.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- Performance for mental health related indicators was similar to the CCG and national averages. However they did have higher than average exception reporting in this area. For example, the practice achieved 96% with 34% exception reporting compared to the CCG average of 92% with 16% exception reporting and the national average of 93% with 11% exception reporting.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- Patients at risk of dementia were identified and offered an assessment.
- The practice had information available for patients experiencing poor mental health about how they could access support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and dementia.
- The practice referred patients for talking therapy treatments for adults with common mental health problems.

Summary of findings

What people who use the service say

The latest national GP patient survey results were published in July 2017. The results showed the practice was performing below the local and national averages. There were 363 survey forms distributed and 107 were returned. This was a response rate of 29% and represented approximately 1% of the practice's patient list.

- 78% of patients described the overall experience of this GP practice as good compared with the CCG average of 83% and the national average of 85%.
- 66% of patients described their experience of making an appointment as good compared with the CCG average of 69% and the national average of 73%.
- 67% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 75% national average of 77%.

As part of our inspection, we also asked for CQC comment cards to be completed by patients prior to our inspection.

We received seven comment cards which were all positive about the standard of care received. Staff were described as helpful and friendly and patients said they felt listened to and cared for. All staff groups received positive comments. One of the cards had an additional comment stating that it can be difficult to get an appointment.

We spoke with four patients during the inspection. All four patients said they were satisfied with the care they received and thought staff were polite and caring. Most of the patients could obtain an appointment when needed and one commented that Saturday morning appointments were helpful.

The most recent published results from the NHS Friends and Family Test showed 68% of 38 respondents would recommend the practice. The NHS Friends and Family Test is a feedback tool that supports the principle that people who use NHS services should have the opportunity to provide feedback on their experience.

Addison House - Haque 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 and a practice manager specialist adviser.

Background to Addison House - Haque Practice

Addison House – Haque Practice provides a range of primary medical services to the residents of Harlow from its purpose built location at Hamstel Road, Harlow, Essex, CM20 1DS.

The practice population is ethnically diverse. It has a higher than average under 9 years and 20 to 39 year age range and a below average over 45 year age range. National data indicates the area is one of mid deprivation.

The practice has approximately 15,000 patients with services provided under a General Medical Services (GMS) contract, a nationally agreed contract with NHS England and GP Practices.

The practice is led by three male GP partners and employs two female salaried GPs. The nursing team consists of an advanced nurse practitioner (ANP), two regular locum ANPs, a practice nurse and three health care assistants, all female. The practice employs a team of reception and administrative staff all led by a practice manager and an assistant practice manager.

The practice is open Monday to Friday from 8.30am to 6pm with telephone access from 8am to 6.30pm. Extended opening hours are offered on Saturdays from 8.30am to 2.30pm for face to face appointments and until 3pm for telephone consultations.

When the practice is closed, out of hours services are provided by PELC (Partnership of East London Co-operatives Ltd) and can be accessed via the NHS 111 service.

Why we carried out this inspection

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

How we carried out this inspection

Before inspecting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced inspection on 3 August 2017. During our inspection we:

- Spoke with a range of staff including GPs, nursing staff, the practice manager, deputy practice manager, reception and administrative staff.

Detailed findings

- We spoke with patients who used the service and a member of the patient participation group (PPG).
- Observed how patients were being cared for in the reception area.
- Reviewed a sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Looked at information the practice used to deliver care and treatment plans.

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

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

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

- older people
- people with long-term conditions
- families, children and young people
- working age people (including those recently retired and students)
- people whose circumstances may make them vulnerable
- people experiencing poor mental health (including people living 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 a system for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents. There were hard copy incident reporting forms and the practice was moving to a computerised system to log and document all significant events. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- From the sample of documented examples we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received support, information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. The practice carried out a thorough analysis of the significant events.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, a training update was given to clinicians on managing tasks within the patient computer record system to ensure referrals to other services were generated and managed appropriately.
- The practice also monitored trends in significant events and evaluated any action taken. A log was kept of all significant events that detailed the event, actions taken and learning outcomes.

We saw evidence that a process was in place to ensure safety alerts were actioned appropriately. Patient safety alerts and MHRA (Medicines and Healthcare Regulatory Agency) alerts were received into the practice by the practice manager and disseminated to the appropriate staff for action. We noted that individual staff members had taken appropriate actions following alerts.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs and nursing staff were trained to the appropriate level for child protection or child safeguarding (level three).
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be visibly clean and tidy. There were cleaning schedules and monitoring systems in place.
- The advanced nurse practitioner (ANP) was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training. Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- There were processes for handling repeat prescriptions which included the review of high risk medicines. The practice undertook a monthly audit of the computerised records of patients receiving high risk medicines to

Are services safe?

ensure that appropriate blood monitoring and review had taken place. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred.

- The practice carried out regular medicines audits, with the support of the local clinical commissioning group medicines management team, to ensure prescribing was in line with best practice guidelines for safe prescribing.
- The practice and a local care home informed us of how they were working together with the West Essex CCG medicines management team to ensure responsive and best practice prescribing was achieved for the practice patients who were residents in the care home.
- Blank prescription forms and pads were securely stored and there were systems to monitor their use.
- The ANPs were qualified as Independent Prescribers and could therefore prescribe medicines for clinical conditions within their expertise. They received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow the practice nurse to administer medicines in line with legislation. The health care assistants were trained to administer vaccines and medicines and patient specific prescriptions or directions from a prescriber were produced appropriately.

We reviewed seven personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available.
- The practice had an up to date fire risk assessment, however, they did not carry out regular fire drills. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.

- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- There were arrangements for planning and monitoring the number of staff and skill mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients. The practice used regular locum GPs and ANPs to support the clinicians. Locum packs were available that contained information about the practice and the locality.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.

The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. A copy of the plan was kept off site by one of the GPs and the practice manager so it could be used if the building was not accessible.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- 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 and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results showed the practice achieved 99% of the total number of points available compared with the West Essex Clinical Commissioning Group (CCG) average of 93% and national average of 95%.

This practice was not an outlier for any QOF (or other national) clinical targets. However they did have higher than average exception reporting in some areas. Overall exception reporting for the practice was 16% compared to the CCG average of 6% and the national average of 6%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). Data from 2015/16 showed:

- Performance for diabetes related indicators was similar to the CCG and national averages. For example, the practice achieved 96% with 35% exception reporting compared to the CCG average of 85% with 12% exception reporting and the national average of 90% with 12% exception reporting.
- Performance for mental health related indicators was similar to the CCG and national averages. For example,

the practice achieved 96% with 34% exception reporting compared to the CCG average of 92% with 16% exception reporting and the national average of 93% with 11% exception reporting.

- Performance for dementia related indicators was better than the CCG and national averages. For example, the percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months was 100% with 4% exception reporting compared to the CCG average of 83% with 8% exception reporting and the national average of 84% with 7% exception reporting.

Discussions with the practice demonstrated that the procedures in place for exception reporting followed the QOF guidance and patients were all requested to attend three times and had been contacted by telephone before being subject of exception.

There was evidence of quality improvement including clinical audit:

- There had been three clinical audits commenced in the last two years, two of these were completed audits where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, recent action taken as a result included improved monitoring and review of patients who experienced gestational diabetes to prevent development of diabetes in the future. Gestational diabetes is high blood sugar that develops during pregnancy.

Effective staffing

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions such as diabetes, COPD (chronic obstructive pulmonary disease) and cardiac disease received additional training.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific

Are services effective?

(for example, treatment is effective)

training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. Most staff had received an appraisal within the last 12 months and dates were planned for those that were overdue.
- Staff received training that included safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules 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 investigation and test results.
- From the sample of documented examples we reviewed we found that the practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred to, or after they were discharged from hospital. Information was shared between services, with patients' consent, using a shared care record. Meetings took place with other health care professionals on a weekly basis when care plans were routinely reviewed and updated for patients with complex needs.

The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

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 nurses assessed the patient's capacity and, recorded the outcome of the assessment.
- Written consent was obtained for all patients who had surgical procedures.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to relevant services. For example:

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

- Patients receiving end of life care, were reviewed with the local multi-disciplinary team at weekly meetings.
- Patients identified as carers were offered annual health checks and flu jabs.
- Those at risk of developing a long-term condition and those requiring advice on their diet, alcohol cessation were signposted to the relevant service. For example, patients were referred to slimming groups for weight management advice.
- Members of the nursing team were trained to offer smoking cessation advice and the practice promoted the use of a mobile telephone app, developed by the University of Cambridge to support smokers to stop smoking.
- A dietician visited the practice weekly.
- The practice referred patients for talking therapy treatments for adults with common mental health

Are services effective?

(for example, treatment is effective)

problems. They worked with Healthy Minds part of the Hertfordshire Partnership University NHS Foundation Trust in partnership with Mind in West Essex. Healthy Minds was part of the national initiative Improving Access to Psychological Therapies (IAPT). Healthy Minds counsellors attended the practice multi-disciplinary team meetings.

The practice's uptake for the cervical screening programme was 81%, which was comparable with the CCG average of 83% and the national average of 81%. There was a policy to offer telephone or written reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using a female sample taker was available. There were failsafe systems to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer. For example,

- 61% of females, aged 50-70 years, were screened for breast cancer in last 36 months compared to the CCG average of 70% and the national average of 73%.

- 49% of patients, aged 60-69 years, were screened for bowel cancer in last 30 months compared to the CCG average of 57% and the national average of 58%.

Childhood immunisations were carried out in line with the national childhood vaccination programme. The most recent published data for 2015/16 showed uptake rates for the vaccines given to under two year olds was lower than the national target of 90% in two areas for example, for the vaccines given to under two year olds they ranged from 89% to 93%. For vaccines administered to five year olds the practice achieved an average of 87% compared to the national average of 91%. To increase the childhood vaccination rates the practice had recruited a practice nurse who had implemented a system of sending SMS text messages and letters to remind parents or guardians of the need to have their children vaccinated. If there was no contact made then these patients were discussed with the local health visitor and at the multi-disciplinary meetings to ensure further contact was made.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

During our inspection we observed that members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- The reception desk was situated away from the waiting area and music was playing so conversations could not be overheard
- Patients could be treated by a clinician of the same sex.

All of the seven Care Quality Commission patient comment cards we received were positive about the service experienced. Staff were described as helpful and friendly and patients said they felt listened to and cared for. All staff groups received positive comments.

We spoke with four patients including a member of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. They commented that staff were polite and caring.

Results from the national GP patient survey, published in July 2017, showed how patients felt they were treated particularly in relation to compassion, dignity and respect. The practice was below average for its satisfaction scores on consultations with GPs and nurses in most areas. For example:

- 80% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 80% of patients said the GP gave them enough time compared to the CCG average of 85% and the national average of 86%.
- 91% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.

- 79% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and the national average of 86%.
- 76% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average of 91% and the national average of 91%.
- 78% of patients said the nurse gave them enough time compared with the CCG average of 92% and the national average of 92%.
- 85% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 97% and the national average of 97%.
- 77% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% and the national average of 91%.
- 72% of patients said they found the receptionists at the practice helpful compared with the CCG average of 84% and the national average of 87%.

There had been improvements in some areas from the previous survey published in July 2016. For example, in 2016,

- 71% of patients said the GP was good at listening to them.
- 69% of patients said the GP gave them enough time.
- 71% of patients said the last GP they spoke to was good at treating them with care and concern.

The practice had taken note of the most recent survey results and shared an action plan with us that highlighted areas for improvement. Whilst there were no actions identified to improve the scores for nursing staff the practice had identified that following recent changes to the nursing team they had a more stable workforce and they expected to see improvements in the next survey.

The views of external stakeholders were positive and in line with our findings. For example, we spoke with the manager of the local care home where some of the practice's patients lived. They informed us that 80% of the residents were registered with the practice. They were satisfied with the relationship they had with the practice and informed us a GP did a routine visit every week in addition to ad hoc requests for home visits.

Care planning and involvement in decisions about care and treatment

Are services caring?

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

Results from the national GP patient survey, published July 2017, showed how patients responded to questions about their involvement in planning and making decisions about their care and treatment. Results were below the local and national averages. For example:

- 78% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 84% and the national average of 86%.
- 76% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 79% and the national average of 82%.
- 76% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 90% and the national average of 90%.
- 75% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and the national average of 85%.

There had been some improvements in the scores from the previous survey published in July 2016. For example, in 2016,

- 74% of patients said the last GP they saw was good at explaining tests and treatments.
- 64% of patients said the last GP they saw was good at involving them in decisions about their care.
- 71% of patients said the last nurse they saw was good at involving them in decisions about their care.

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

- Staff told us that interpretation services were available for patients who did not have English as a first language.
- British Sign Language interpreters were available for patients with hearing impairments.
- Information leaflets were available in easy read format.
- The Choose and Book service was used with patients as appropriate. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital).

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 134 patients as carers, which was less than 1% of the practice list size. Health checks and flu jabs were offered to carers. The practice did not have a carers' champion to help ensure that the various services supporting carers were coordinated and effective. There was no written information available to direct carers to the avenues of support available to them.

Staff told us that if families had experienced bereavement, their usual GP contacted them. This call was followed by a patient consultation at a flexible time and location to meet the family's needs, if required, and by giving them advice on how to find a support service. Written information regarding bereavement was available in the patient waiting area.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population:

- The practice offered extended opening hours on Saturdays from 8.30am to 2.30pm for face to face appointments and until 3pm for telephone consultations. This catered for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Routine weekly visits in addition to ad hoc home visits were made to a local care home.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice sent text message reminders of appointments and test results.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately.
- There were accessible facilities, which included access enabled toilets, electronic entrance doors and wide corridors. All consultation and treatment rooms were on the ground floor.
- Interpretation services, including British Sign Language interpreters, were available.
- The practice worked with a local homeless shelter to provide GP services for patients of no fixed abode.
- A dietician visited the practice weekly.

Access to the service

The practice was open between 8.30am and 6pm with telephone access from 8am to 6.30pm Monday to Friday. Appointments were available throughout these times. Extended hours appointments were offered on Saturdays from 8.30am to 2.30pm for face to face appointments and

until 3pm for telephone consultations. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for patients that needed them.

Results from the national GP patient survey, published July 2017, showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages in some areas but below in others. For example,

- 72% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 73% and the national average of 76%.
- 56% of patients said they could get through easily to the practice by phone compared to the CCG average of 62% and the national average of 71%.
- 80% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 84% and the national average of 84%.
- 77% of patients said their last appointment was convenient compared with the CCG average of 80% and the national average of 81%.
- 66% of patients described their experience of making an appointment as good compared with the CCG average of 69% and the national average of 73%.
- 25% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 54% and the national average of 58%.

In response to the patient survey results the practice had completed an action plan. They planned to encourage patients to use telephone appointments to give more opportunity for patients to engage with clinicians of their choice and to make more use of double appointments where multiple issues were to be discussed at consultation.

Patients told us on the day of the inspection that they were usually able to get appointments when they needed them. They commented that Saturday morning appointments were helpful.

The practice had a system in place to assess whether a home visit was clinically necessary and the urgency of the need for medical attention. Requests were reviewed by the duty GP and the patient contacted by telephone to assess the urgency and need for a home visit. In cases where the urgency of need was so great that it would be

Are services responsive to people's needs?

(for example, to feedback?)

inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager was the designated responsible person who handled all complaints in the practice.

- We saw that information was available to help patients understand the complaints system. For example, complaints forms and leaflets were available at the reception desk and there was information on the practice website.

The practice had received 14 complaints in the last 12 months. We reviewed these and found they had been dealt with in a timely way with openness and transparency. Lessons were learned from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, they had reviewed their system for managing referral and discharge information from secondary care providers following a complaint regarding missed information in a discharge letter and a delay in requesting further investigations.

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 vision to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.

Their statement of purpose outlined their aims and objectives. They included, for example,

- To provide prompt, safe and professional Primary Care services to their patients
- To focus on prevention of disease by promoting health and wellbeing by offering care and advice to their patients.

They aspired to become a training practice and were working with the local deanery to achieve this. One of the GPs was a trainer.

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 and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas. For example, there was a lead GP for safeguarding and one of the nurses was the infection control lead.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- A comprehensive understanding of the performance of the practice was maintained. Clinical meetings were held weekly which provided an opportunity for staff to learn about the performance of the practice. However, there were no meetings held for the reception or administration staff. Communication to this staff group was via informal discussion, email and the practice intranet system.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints.

Leadership and culture

The practice was lead by the GP partners with the support of the practice manager and the assistant practice manager. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners and the management team were approachable and always took the time to listen to all members of staff.

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

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

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

- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- Regular clinical meetings were held, however, there were no meetings that included the non-clinical staff.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice.

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

The practice encouraged and valued feedback from patients and staff. It proactively sought feedback from:

Are services well-led?

Good 

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

- patients through the patient participation group (PPG) and through surveys and complaints received. The PPG, also known as Friends of Addison House, met regularly, carried out patient surveys and raised funds for the practice. At meetings held the practice had discussed anonymised patient complaints and patient survey results.
- the NHS Friends and Family test, complaints and compliments received. The most recent published results from the NHS Friends and Family Test showed 68% of 38 respondents would recommend the practice. The NHS Friends and Family Test is a feedback tool that supports the principle that people who use NHS services should have the opportunity to provide feedback on their experience.
- staff through appraisals and informal discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

Continuous improvement

There was a 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, they were actively engaged with an extended patient access scheme within the locality in collaboration with other GP practices in the area. GP services were provided that allowed patients to see a GP, nurse or a healthcare assistant in the evenings or at the weekend. Local doctors and nurses were available to see patients for routine GP appointments, health checks and treatments. People with long-term health conditions such as asthma and diabetes could also access these appointments.