

# Dr RP Aurora's Practice

## Quality Report

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

## Ratings

### Overall rating for this service

**Good** 

Are services safe?

**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

We carried out an announced comprehensive inspection at Dr RP Aurora's Practice, also known as Oxford Drive Medical Centre, on 25 November 2015. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Most risks to patients were assessed and well managed, although the practice had yet to carry out an infection control audit in 2015.
- 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.

- Patients said they found it easy to access the service to make an appointment, although some patients said they found it difficult to make an appointment with their preferred GP. Urgent appointments were 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 and complied with the requirements of the Duty of Candour.

The areas where the provider should make improvement are:

- Assess the competency of non-clinical staff who undertake chaperone duties.
- Ensure an audit programme is followed to review annual compliance with infection prevention and control standards.
- Carry out a legionella risk assessment to identify and monitor the risks associated with legionella bacteria.
- Advertise that translation services are available to patients on request.

# Summary of findings

- Maintain a record of decisions and actions arising from clinical and partners meetings.

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

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, and an 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 in place to keep patients safe and safeguarded from abuse.
- Most risks to patients were assessed and well managed, although the practice had yet to carry out an infection control audit for 2015.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Data showed patient outcomes were 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 staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of people's needs.

### Are services caring?

The practice is rated as good for providing caring services.

Good



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

# 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.

- It reviewed the needs of its local population and engaged with the Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.
- Patients said they found it easy to access the service to make an appointment, although some patients said they found it difficult to make an appointment with their preferred GP. Patients confirmed that they could usually see a doctor on the same day for urgent medical issues.
- Patients had access to online facilities for booking appointments and ordering repeat prescriptions. The practice did not have a website, however the development of a website was included in their business plan and was due to be completed by April 2016.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff.

Good



## Are services well-led?

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

- It had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings. However, we found the minutes to clinical and partners meetings were not documented.
- 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 sought feedback from staff and patients, which it acted on. The patient reference 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 percentage of older patients registered at the practice were similar to national averages. Patients over the age of 75 represented 8.3% (national average 7.6%), and patients over the age of 85 represented 2% (national average 2.2%). The income deprivation level affecting older people was 12 compared to the national average of 22.5.
- All patients over the age of 75 had a named GP who was responsible for their care and patients were informed of this.
- The practice offered personalised care to meet the needs of the older people in its population and had a range of enhanced services, which included offering the shingles vaccination and avoiding unplanned admissions to hospital.
- A noticeboard in the waiting area was dedicated to health promotion and services for older people.
- The practice were responsive to the needs of older people, and offered longer appointments, home visits and urgent appointments for those with enhanced needs.
- Monthly multidisciplinary team meetings were used to review care plans and discuss those with enhanced needs. Referrals to rapid response services were used to jointly manage patients in their own home.
- Patients were reviewed following discharge from hospital and referrals to support services were made to prevent readmissions. The practice were also part of a local integrated care programme to improve services for vulnerable adults over the age of 65, who required GP care over the weekend.

### People with long term conditions

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

Good



- The percentage of patients at the practice with a long standing health condition (46.5%), and those with health related problems in daily life (44%) was lower than the national averages (54% and 48.8% respectively).
- Nationally reported data showed that outcomes for patients with long term conditions was good.
- The GPs and nursing staff had lead roles in chronic disease management.

# Summary of findings

- All these patients had a named GP and a structured annual review to check that their health and medicines needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- Patients at risk of hospital admission were identified as a priority and discussed at weekly clinical meetings and monthly multidisciplinary team meetings.
- Patients were reviewed following discharge from hospital and referrals to support services were made to prevent readmissions.
- Longer appointments and home visits were available when needed.

## Families, children and young people

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

Good



- Children aged zero to four represented 6.9% of the practice population (national average 6.0%); children aged five to 14 represented 12.5% (national average 11.4%); and those aged under 18 years represented 16% (national average 14.8%). The income deprivation level affecting children was 12 compared to the national average of 22.5.
- A noticeboard in the waiting area was dedicated to health promotion and services for babies and children.
- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk. For example, there was joint working with the health visitors to discuss children on the child protection register.
- Urgent access appointments were available for children who were unwell.
- Immunisation rates for standard childhood immunisations were above the CCG averages.
- Patients told us that children and young people were treated in an age-appropriate way and we saw evidence to confirm this.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice offered shared antenatal and postnatal services.
- Chlamydia screening and contraceptive services were offered to under 16s who had been assessed as Gillick competent.

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

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

Good



# Summary of findings

- The number of patients in paid work or full-time education was similar to the national average, 60.9% compared to 60.2%.
- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice had yet to develop a website, although there were online facilities for patients to book appointments, order repeat prescriptions, and access summary care records. Text messaging was used for confirming appointments and health promotion.
- Telephone consultations were offered for patients who could not attend the practice. Late appointments were available from 18:30 to 19:00 on Tuesday, Wednesday and Thursday evenings. These were prioritised for working patients.
- There was a full range of health promotion and screening that reflected the needs for this age group, including NHS health checks for patients aged 40 to 74.
- The practice's uptake for the cervical screening programme was 85.9%, which was above the CCG and national averages of 77.6% and 81.8% respectively.

## People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including housebound patients, carers, those with a learning disability, and patients receiving end of life care.
- It offered longer appointments for vulnerable patients who may need it. Housebound patients and those who could not access the practice were supported via home visits.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- It had told vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Good





# Summary of findings

## 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).

- In 2014/15 performance for mental health related indicators was above the CCG and national averages (practice 100%; CCG 93.6%; national 92.8%).
- Nationally reported data showed that outcomes for patients which dementia was good. For example, the practice's performance for dementia related indicators was above the CCG and national averages (practice 100%; CCG 95.2%; national 94.5%). The practice carried out advance care planning for patients with dementia.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health. Patients could also be referred to an onsite counselling service.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- 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 national GP patient survey results published in 2015 showed the practice was performing above local and national averages. 280 survey forms were distributed and 97 were returned, representing 1.6% of the practice population.

- 86% found it easy to get through to this surgery by phone compared to a CCG average of 71% and a national average of 73%.
- 91% found the receptionists at this surgery helpful (CCG average 83%, national average 87%).
- 90% were able to get an appointment to see or speak to someone the last time they tried (CCG average 80%, national average 85%).
- 87% said the last appointment they got was convenient (CCG average 88%, national average 92%).
- 74% described their experience of making an appointment as good (CCG average 67%, national average 73%).

- 70% usually waited 15 minutes or less after their appointment time to be seen (CCG average 64%, national average 65%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 23 comment cards which were mostly positive about the standard of care received. Patients said staff always treated them with dignity and respect, and they felt supported in making decisions about their care and treatment.

We spoke with six patients during the inspection. These patients said that they were happy with the care they received and thought that staff were approachable, committed and caring.

## Areas for improvement

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

- Assess the competency of non-clinical staff who undertake chaperone duties.
- Ensure an audit programme is followed to review annual compliance with infection prevention and control standards.
- Carry out a legionella risk assessment to identify and monitor the risks associated with legionella bacteria.
- Advertise that translation services are available to patients on request.
- Maintain a record of decisions and actions arising from clinical and partners meetings.

# Dr RP Aurora's 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 second CQC inspector.

## Background to Dr RP Aurora's Practice

Dr RP Aurora's Practice, also known as Oxford Drive Medical Centre, provides GP led primary care services through a General Medical Services (GMS) contract to around 6,000 patients living in the surrounding areas of Eastcote and Ruislip. GMS is one of the three contracting routes that have been available to enable commissioning of primary medical services). The practice is part of NHS Hillingdon Clinical Commissioning Group (CCG).

The practice staff comprise of three GP partners (two female and one male); a nurse practitioner; a practice nurse; a health care assistant; a practice manager; and a team of reception/administrative staff. The practice is a training practice and currently has two GP registrars and a foundation year one doctor working there. The number of hours covered by the GPs equates to 3 whole time equivalent (WTE) staff, nursing staff is 0.9 WTE, and the health care assistant 0.2 WTE.

The practice is located in a converted residential property with eight consulting/treatment rooms on the ground floor, and office space on the first floor. The ground floor of the premises is accessible by wheelchair.

The practice is open every weekday from 08:30 to 13:00 and 13:30 to 18:30. An emergency telephone line is in operation

from 08:00 to 08:30 and 13:00 to 13:30 for patients who require urgent assistance. Appointments are available from 08:30 to 11:00 and 16:00 to 18:00. Extended evening opening hours are available Tuesday to Thursday from 18:30 to 19:00 (during these sessions the practice is closed to patients without an appointment).

Appointments can be booked in advance over the telephone, online or in person. The practice opted out of providing out-of-hours services to their patients. Outside of normal opening hours patients are directed to an out-of-hours GP, or the NHS 111 service.

The number of patients aged zero to four (6.9%), aged five to 14 (12.5%) and under 18 (16%) is similar to the national averages (6.0%, 11.4% and 14.8% respectively). Patients aged 65+ represent 17.9% of the practice population, patients aged 75+ represent 8.3%, and patients aged 85+ represent 2% (national averages are 16.7%, 7.6% and 2.2% respectively).

The percentage of people with a long standing health condition (46.5%), and people with health related problems in daily life (44%) are below the national averages (54% and 48.8% respectively). The average life expectancy for the CCG area is 80 years for males and 84 for females (national averages 79 and 83 respectively).

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

## Why we carried out this inspection

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

# Detailed findings

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

## How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 25 November 2015. During our visit we:

- Spoke with a range of staff including: the three GP partners; two GP registrars; the nurse practitioner; the practice nurse; the practice manager; and four receptionists / administrators.
- Spoke with six patients who used the service.
- Received feedback from two members of the patient reference group.
- 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 23 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 a system in place for reporting and recording significant events.

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

We reviewed safety records, incident reports, and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, an administrative error filing prescriptions meant two patients' prescriptions were sent to the wrong recipients. The practice was able to stop one prescription being dispensed by the pharmacy, and they contacted the other patient involved to explain the mistake and apologise. The incident was investigated as a significant event and discussed with each receptionist to ensure they were aware of the implications of the error and to prevent any reoccurrence.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, an apology and were told about any actions to improve processes to prevent the same thing happening again.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse 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 provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level 3, nurses to level 2, and non-clinical staff to level 1.

- A notice in the reception area advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role, however three out of four non-clinical staff we spoke to were unclear about the role, for example the importance of being able to observe the examination. All staff who acted as chaperones 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 practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The GP partners were the infection control clinical leads and one of the nurses took an active role in training and maintaining standards within the practice. There was an infection control protocol in place and staff had received up to date training. The last infection control audit was carried out by NHS England in 2014, however we did not see evidence that the practice had reviewed their level of compliance with standards for 2015.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. She received support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccinations.
- We reviewed 13 personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

## Are services safe?

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available and staff had received training. The practice carried out monthly fire risk assessments and yearly fire drills, and these were recorded in a health and safety folder. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had other risk assessments and checks in place to monitor safety of the premises such as emergency lighting testing and annual boiler checks. The practice told us they had discussed the risks of legionella, however there were no records to confirm a risk assessment had been undertaken (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- 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 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.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- Clinical staff received annual basic life support training and non-clinical staff received training every three years. Following our inspection the provider sent us evidence that non-clinical staff had undertaken updated basic life support training.
- Emergency equipment was available including access to medical oxygen and an automated external defibrillator (AED) which is used in cardiac emergencies. Equipment was checked on a monthly basis and records of checks were maintained.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff, and a copy was kept off site by the GP partners.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.
- Clinical staff told us they attended clinical commissioning group and educational meetings where national and local guidelines were monitored and discussed. Learning was then shared with the practice team during clinical meetings.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 99.1% of the total number of points available, with 6.1% exception reporting. (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). The practice's performance was above the clinical commissioning group (CCG) and national averages of 94.6% and 93.5% respectively. This practice was not an outlier for any QOF clinical targets. Data from 2014/15 showed;

- Performance for diabetes related indicators was above the CCG and national average (practice 100%; CCG 86.2%; national 89.2%). Examples of the practice's performance included patients with diabetes who had a blood pressure reading in the preceding 12 months of 150/90 mmHg or less (practice 93.1%, CCG 90%, national 91.4%); and patients with diabetes with a record of a foot examination and risk classification within the last 12 months (practice 92.8%, CCG 85.6%, national 88.3%).
- Performance for hypertension related indicators was above the CCG and national average (practice 100%; CCG 97.4%; national 97.8%). Examples of the practice's

performance included patients with hypertension who had a blood pressure reading in the preceding nine months of 150/90 mmHg or less (practice 87.9%, CCG 82.4%, national 83.6%).

- Performance for mental health related indicators was above the CCG and national average (practice 100%; CCG 93.6%; national 92.8%). Examples of the practice's performance included patients with schizophrenia, bipolar affective disorder and other psychoses, who had a comprehensive care plan documented (practice 93.9%, CCG 90.5%, national 88.3%); and patients with schizophrenia, bipolar affective disorder and other psychoses, who have a record of alcohol consumption in the preceding 12 months (practice 93.9%, CCG 92.2%, national 89.5%).
- Performance for dementia related indicators was above the CCG and national average (practice 100%; CCG 95.2%; national 94.5%). Examples of the practice's performance included patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months (practice 85.23%, CCG 84.8%, national 84%); and patients who received the recommended blood tests after entering on to the dementia register (practice 100%, CCG 86.1%, national 81.5%).

Clinical audits demonstrated quality improvement.

- There had been 19 audits (including 15 medicines management audits) carried out in the last two years, two of these were completed audits where the improvements made were implemented and monitored. We reviewed an audit which looked at patients diagnosed with osteoporosis and the length of time they were taking a particular class of medicine, to ensure this was in line with national guidance. The initial audit was carried out in December 2014 and a re-audit took place in March 2015. The initial audit identified 13 patients (9.3%) who had not been reviewed after five years and may have been taking the medicine unnecessarily. To improve these figures the practice proposed adding notices on patients' notes to state when they were due for a five-year review, and adding 'risk factors' to the osteoporosis template to ensure these were checked and the risks and benefits for continuing the medicine assessed. The 13 patients were reviewed and the re-audit showed it was appropriate to continue treatment for six patients, and seven were awaiting diagnostic screening results.



# Are services effective?

## (for example, treatment is effective)

- The practice participated in local audits, national benchmarking, accreditation, peer review and research. We saw evidence that the practice were adhering to benchmarking guidance for prescribing.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It covered such topics as fire safety, health and safety, emergency procedures and confidentiality.
- The practice could demonstrate they ensured role-specific training and updating for relevant staff. For example, staff administering vaccinations and taking samples for the cervical screening programme had received specific training.
- 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 during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding children and adults; fire safety; basic life support; infection control; equality and diversity; consent; customer care; and information governance awareness. 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.
- The practice received blood test results, X ray results, and letters from the local hospital including discharge summaries, out-of-hours GP services and the 111 service electronically, by post or by fax. We were told

that out-of-hours reports, 111 reports and urgent pathology results or letters were seen and actioned the same day by the GP who saw these documents. The records we reviewed confirmed this was the case.

- 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 services 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, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings, attended by district nurses, palliative care nurses, and health visitors took place on a monthly basis and 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 GP or nurse assessed the patient's capacity and recorded the outcome of the assessment.

### Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service. For example, patients who smoked could be seen by the health care assistant who was a qualified smoking cessation advisor.
- Practice data showed 8% of patients had been identified as obese. Patients were signposted to local



# Are services effective?

(for example, treatment is effective)

weight reduction classes. Patients with a body mass index (BMI) over 40 or those with co-morbidities were referred to an intensive weight management clinic for monitoring and the possibility of bariatric surgery.

The practice's uptake for the cervical screening programme was 85.9%, which was above the CCG and national averages of 77.6% and 81.8% respectively. Patients who did not attend for their smear test were telephoned and if they had not rebooked a letter was sent. The practice encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were above the CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 96.4% to 98.8% (CCG 89.5% to 94.2%), and five year olds from 93% to 100% (CCG 87.5% to 94.2%). Children who failed to attend their childhood

vaccinations were sent a letter and the GPs would telephone if no response to the letter had been received. Flu vaccination rates for the over 65s were 79.3%, and at risk groups 64.4%. These were above the national averages of 73.2% and 52.3% respectively.

Patients had access to appropriate health assessments and checks. These included non-compulsory well-woman and well-man checks for new patients, and NHS health checks for people aged 40–74. Data showed that 42% of eligible patients had received an NHS health check. Appropriate follow-ups for the outcomes of health assessments and checks were made where abnormalities or risk factors were identified, and patients were directed to a GP for review. Health promotion material was available in the waiting room, and dedicated noticeboards displayed targeted health information for children and older people.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

We observed that members of staff were courteous and helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect.

- Curtains or screens 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 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. There was also a notice to inform patients of this.

The six patients we spoke with provided positive feedback about the service experienced. Patients said they felt the practice offered a good service and clinical staff were helpful, caring and treated them with dignity and respect. The 23 comment cards we reviewed highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 96% said the GP was good at listening to them compared to the CCG average of 84% and national average of 89%.
- 91% said the GP gave them enough time compared to the CCG average of 81% and national average of 87%.
- 97% said they had confidence and trust in the last GP they saw compared to the CCG average of 92% and national average of 95%.
- 92% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 79% and national average of 85%.
- 88% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 85% and national average of 90%.

- 91% said they found the receptionists at the practice helpful compared to the CCG average of 83% and national average of 87%.

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

Patients 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 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:

- 95% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 80% and national average of 86%.
- 83% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 74% and national average of 81%.

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

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

Notices and leaflets 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 2.4% of the practice list as carers. Carers were offered the flu vaccination and referral to support services. Data showed that 70% of carers under the age of 65 received the flu vaccine last year. 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, a GP partner or the duty GP contacted them to offer advice on support services available and sent them a sympathy card.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice were part of a local integrated care programme to improve services for vulnerable adults over the age of 65. The network provided GP cover for five hours on Saturday and Sunday. On Friday the practice could refer patients who they assessed as requiring assistance and monitoring over the weekend. A summary of the patient's health needs were sent and a GP from the network would then visit the patient over the weekend and provide an update to the practice on the outcome.

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

- The practice offered extended opening hours on Tuesday, Wednesday and Thursday evenings from 18:30 to 19:00 for working patients who could not attend during normal opening hours.
- Longer appointments were available for vulnerable patients, those with multiple conditions, and for patients with learning difficulties.
- Home visits were available for older patients, those who were housebound, and patients who would benefit from these.
- Urgent appointments were available the same day for those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- Patients could access a male or female GP.
- Translation services were available. The electronic check-in system had options for patients to view the information in a variety of languages.
- Accessible toilets with baby changing facilities were available.
- Staff told us they tried to be flexible by avoiding booking appointments at busy times for people experiencing poor mental health or those who may find this stressful.

The practice did not have a website and currently utilised other health websites to advertise the practice's opening

hours and services. We saw from the practice's business development plan that they were planning to develop a practice website and had scheduled for this to be completed by April 2016.

### Access to the service

The practice was located in a converted residential property with eight consulting/treatment rooms on the ground floor, and office space on the first floor. The ground floor of the premises was accessible by wheelchair.

The practice was open every weekday from 08:30 to 13:00 and 13:30 to 18:30. An emergency telephone line was in operation from 08:00 to 08:30 and 13:00 to 13:30 for patients who required urgent assistance. Appointments were available from 08:30 to 11:00 and 16:00 to 18:00. Extended evening opening hours were available Tuesday to Thursday from 18:30 to 19:00 (during these sessions the practice was closed to patients without an appointment).

In addition to pre-bookable appointments that could be booked over the telephone, online or in person, urgent appointments were also available for people that needed them. The practice opted out of providing out-of-hours services to their patients. Outside of normal opening hours patients were directed to an out-of-hours GP, or the NHS 111 service.

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

- 72% of patients were satisfied with the practice's opening hours compared to the CCG average of 69% and national average of 75%.
- 86% of patients said they found it easy to get through to the surgery by phone compared to the CCG average of 71% and national average of 73%.
- 74% of patients described their experience of making an appointment as good compared to the CCG average of 67% and national average of 73%.
- 70% of patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 64% and national average of 65%.

Most of the patients we spoke with were satisfied with the appointments system and said it was easy to use and they could get an appointment when they needed one. Patients

# Are services responsive to people's needs?

(for example, to feedback?)

confirmed that they could usually see a doctor on the same day and were aware that there was usually a wait to be seen. Comment cards we reviewed aligned with these views.

Results from the national GP patient survey 2015 showed that 44% of respondents usually got to see or speak to their preferred GP, this was lower than the CCG and national averages of 55% and 60% respectively. We received similar feedback from a small proportion of patients we spoke with and comment cards we reviewed. The practice were aware of this and told us that this may be due to patients preferring to see one of the permanent GPs, as opposed to GP registrars or trainees who were based at the practice on a temporary basis.

## **Listening and learning from concerns and complaints**

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.

- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. For example, a summary was included in the practice leaflet and further information was available in a complaints procedure leaflet.

We looked at three complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. For example, a complaint regarding a death certificate which was not fully completed led to the practice discussing their protocols and changing their procedures. This involved creating a checklist for the GP completing the form, and a senior GP and the practice manager checking all death certificates to ensure there were no errors. This complaint had also been investigated as a significant event. Complaints were discussed at practice meetings and we saw minutes to confirm this.

# 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 had a mission statement which was included in the practice leaflet and staff knew and understood the values.
- The practice had a strategy and supporting business plans which reflected the vision and values. These were regularly monitored and included a summary of goals and objectives, with estimated completion dates and costs involved.

### 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 and were available to all staff.
- There was a comprehensive understanding of the performance of the practice. Data from the Quality and Outcomes Framework (QOF) was used to measure the practice's performance. Data from the QOF showed the practice had achieved 99.3% of the total number of points available in 2013/14, and 99.1% in 2014/15. This was above the clinical commissioning group and national averages.
- Clinical audits were used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The partners were visible in the practice and staff told us they were approachable and took the time to listen to all members of staff.

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

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

- Staff told us the practice held two partners meetings and two clinical meetings per week, and a monthly whole practice meeting. Minutes were kept for the practice meetings, but not for the partners or clinical meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings, felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported. All staff were involved in discussions about how to run and develop the practice, and the partners and manager encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the patient reference group (PRG), practice surveys, the friends and family test, and complaints received. The PRG was established three years ago and was a virtual group where communication was via email rather than face-to-face meetings. The practice reviewed patient feedback and asked the PRG to comment on their action plan. We saw the practice had taken action in response to patient feedback. For example, staff name badges with job titles were introduced, all information relating to services for older people was displayed on a dedicated noticeboard, and posters in the reception area notified patients when student doctors were on a placement at the practice.
- Results from the friends and family test 2015 showed that 87% of patients would recommend the practice and 9% would not recommend it.

# Are services well-led?

Good 

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

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