

Honor Oak Group Practice

Quality Report

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Date of inspection visit: 13 April 2016

Date of publication: 25/08/2016

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 Honor Oak Group Practice on 13 April 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with 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. Improvements were made to the quality of care as a result of complaints and concerns.

- Survey data showed that patients were less satisfied than those at other practices with telephone access and with the ease of getting an appointment. The practice had taken action, and were waiting for updated survey data that it hoped would show improvement. Most patients told us that if they could contact the practice by telephone and make convenient appointments, although it could be difficult to get appointments with particular GPs.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

We saw two areas of outstanding practice:

- The partners at the practice were particularly interested in factors that affect children's development and wellbeing, so an extra service had been developed to support new parents. In addition to the standard NHS postnatal check at six weeks, the practice invited new parents and their babies to

Summary of findings

the practice at two weeks after the birth. The aim of this intervention was to provide new parents insight into how to develop of secure attachment with their babies over the first 12 months, and therefore supporting overall social, emotional and educational development. The practice reported high rates of satisfaction with this service and had carried out an evaluation that showed a positive impact on parental understanding and behaviours.

- One of the partners set up a liaison group to work with other organisations to improve services on the housing estate where the practice is based. The practice manager still attended the group to represent the practice. The group had worked particularly on health issues and security concerns that benefitted

practice patients and others in the community, which had led for example, to improved street lighting and the installation of a security camera on the footbridge close to the practice.

The provider should:

- Formalise infection control processes and complete the actions identified from the last audit.
- Implement procedures to ensure that practice policy on vaccine fridge monitoring is followed.
- Continue to monitor and act to improve patient satisfaction with telephone access, appointment availability and waiting times.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and generally well managed. However, there were weaknesses in some processes, for example checks of cleanliness and monitoring of vaccine storage.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



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

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- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, for drug and alcohol services and programmes to improve care for people with diabetes.
- The practice had made a number of changes to their services based on the needs of their patient population. For example,
 - In addition to the standard NHS postnatal check at six weeks, the practice invited new mothers and their babies to the practice at two weeks after the birth.
 - One of the partners set up a liaison group to work with other organisations to improve services on the housing estate where the practice is based. The practice manager still attended the group to represent the practice.
 - The practice created their own information pack on pre-diabetes to give to patients, and provided patients with different options to support weight loss (including referral to an exercise programme, weight-loss support groups or a dietician).
- The patients we spoke to said that it was not always easy to get through to the practice by phone or to get an appointment when they needed one, with urgent appointments not always available the same day. This was supported by survey results, however the practice had recognised this and made a number of changes, which they thought had improved things and would be reflected in future surveys.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

Good



Summary of findings

- 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 a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The Patient Participation Group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Measures of the practice's care for patients with diabetes were generally in line with other practices. For example, 97% had a flu jab in 2014/15 (compared to a national average of 94%).
- The practice was involved with an initiative to improve patient involvement in planning their care so that patients are more able to manage their own conditions. The practice provided written information in advance of consultations with patients about their diabetes, to make it easier for patients to understand their test results, raise the issues of concern for them and be better engaged with planning how their diabetes would be managed.
- The practice had high prevalence of diabetes in its patient population. In response, the practice created their own information pack on pre-diabetes to give to patients, and provided patients with different options to support weight loss (including referral to an exercise programme, Weight Watchers or a dietician).
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. 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.

Summary of findings

Families, children and young people

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

Good



- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of Accident and Emergency (A&E) attendances.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals.
- The practice's uptake for the cervical screening programme was 71%, which was comparable to the Clinical Commissioning Group (CCG) average of 73% and the national average of 74%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- The practice set up a custom mechanisms on their computer system to record the accompanying adult every time a child was brought for a consultation, and to deal with queries raised by others in the multidisciplinary team. The practice gave us examples of when this has provided valuable information, which was shared this with others in the multidisciplinary team to keep children safe.
- There was a structured and systematic process of support for patients who had suffered bereavement. This included: informing clinical and non-clinical staff so that they could provide support, sending a bereavement card, contact by telephone or letter from their GP and alerting other services (so that families did not receive further communication addressed to their relative). Written information was provided that explained the legal process of registering a death and details of how to get support. This information was also available on the practice website.
- The partners at the practice were particularly interested in factors that affect children's development and wellbeing, so an extra service had been developed to support new parents. In addition to the standard NHS postnatal check at six weeks, the practice invited new mothers and their babies to the practice at two weeks after the birth. The practice reported high rates of patient satisfaction with this service.

Summary of findings

Working age people (including those recently retired and students)

Good



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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs of this age group.

People whose circumstances may make them vulnerable

Good



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 carers, travellers and those with a learning disability.
- The practice had identified just over 2.5% of the practice list as being carers, and wrote to those identified as carers with information about support available, and the offer of referral to a local carers' organisation.
- The practice offered longer appointments for patients with a learning disability, and had created materials to help these patients understand and communicate more easily with the clinical team. Patients with learning disabilities were sent an 'easy-read' invitation for their annual review and an accessible questionnaire to help them raise any concerns (about their care, mental or physical health) and to support these patients to work with practice staff to plan their care.
- One of the partners set up a liaison group to work with other organisations to improve services on the housing estate where the practice is based. The practice manager still attended the group to represent the practice.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children, and had developed bespoke systems to collect particular information to help keep children safe. 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.

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).

- 100% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which is above the national average.
- Performance for mental health related indicators was similar to the national average.
 - 90% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan (national average 88%).
 - 86% patients with schizophrenia, bipolar affective disorder and other psychoses had their alcohol consumption recorded (90%).
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published on 7 January 2016. The results showed the practice was performing in line and below local and national averages. Four hundred and sixteen survey forms were distributed and 108 were returned. This represented 1% of the practice's patient list.

- 56% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 66% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 79% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 79% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 12 comment cards which were generally positive about the standard of practice and the care received.

We spoke with 13 patients during the inspection, including two members of the Patient Participation Group. All 13 patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

The practice participated in the NHS Friends and Family Test (FFT). We reviewed the results of the survey and responses were generally positive. Patients were complimentary about staff and most said they would recommend their friends and family to the practice.

Honor Oak Group Practice

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC Lead Inspector. The team included a GP specialist adviser, a second CQC inspector and an Expert by Experience.

Background to Honor Oak Group Practice

The Honor Oak Group Practice is based in Honor Oak, a suburban area largely within the London Borough of Lewisham. The practice is on a small council estate, which was developed in the 1930s to house families moved from London's East End. More housing was added in the 1990s.

There are 9227 patients at the practice. These are drawn principally from the Honor Oak estate, and reflect the estate's population. Compared to the England average, the practice has more young children as patients (age up to nine) and fewer older children (age 10 – 19). There are more patients aged 20 – 49, and many fewer patients aged 50+ than at an average GP practice in England.

The practice has a high proportion of Afro-Caribbean or African patients. As the practice is based in area of significant social housing, many of the patients are classified as vulnerable; such as homeless young families and asylum seekers.

Life expectancy of the patients at the practice is in line with CCG and national averages. The practice population scores highly on national measures of deprivation: being in the

fourth most deprived decile, high on measures of income deprivation affecting older people and children. Compared to the English average, more patients are unemployed and have a long-standing health condition.

Honor Oak Group Practice was established with the estate in the 1930s. The surgery moved to new, purpose built health centre in 1998, owned by an NHS community trust. There are 11 consulting rooms, a treatment/minor surgery suite, a counselling suite, showers, and offices and meeting rooms.

The health centre is fully accessible to the disabled, and all the patient areas including waiting room, consulting rooms and toilets have wheelchair access. Designated disabled parking spaces are located nearest to the entrance to the health centre.

Six doctors work at the practice: three male and three female. Five of the doctors are partners and there is one salaried GP (who is male). Some of the GPs work part-time. Full time doctors work 8 sessions per week. The practice has 19 GP sessions per week.

The practice nursing team is made up of an advanced nurse practitioner, two practice nurses and two health care assistants. They are all female and work part-time. Their working hours added together equate to just over 3 full time roles (whole time equivalents).

The practice became a training practice for GPs in 2013. The practice also trains apprentices.

The practice is open from 7.00am to 6.30pm Monday to Friday. Appointments are available from 7.00am to 12pm and 1.30pm to 6.00pm Monday to Friday. When the practice is closed cover is provided by a local out-of-hours care service.

Detailed findings

The practice is registered as a partnership with the CQC to provide a range of GP services including treatment of disease, disorder or injury, maternity and midwifery services, surgical procedures and diagnostic and screening procedures.

Honor Oak Group practice was inspected on 9 July 2014 prior to our rating methodology. No areas for improvement were identified.

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 13 April 2016. During our visit we:

- Spoke with doctors, nursing staff and administrative staff and spoke with patients who used the service.

- Observed how patients were being cared for and talked with carers and/or family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

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

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, after a review of a safeguarding issue where a child had failed to attend several hospital appointments, the practice introduced a system of formal reviews of every missed appointment by a child, supported by a template on the computer system.

The practice set up a custom mechanism on their computer system to record the accompanying adult every time a child was brought for a consultation. The practice gave us examples of when this provided valuable information and was shared with others in the multidisciplinary team to keep children safe.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly

outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. 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 on safeguarding children. GPs and nurses were trained to child protection or child safeguarding level three and other staff to level one. We saw evidence that safeguarding processes were well embedded, and that there was continuous work to improve systems to keep children safe. The practice prepared comprehensively for meetings, and created custom alerts on the practice system to collect information to share with other professionals, for example, nurses checked on a child's current address when they attended for immunisations.

- Staff had training in how to safeguard adults every three years. Staff members we spoke to were able to describe their responsibilities.
- 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 clean and tidy. There was an infection control protocol in place and staff had received up to date training. A recent infection control audit had been undertaken and we saw that most improvements identified had been completed, but that some actions remained. For example, equipment such as the nebuliser was being cleaned between patients, but there was no schedule for routine decontamination. A new practice nurse had recently been appointed who had received specialist infection control training from the Clinical Commissioning Group (CCG). This nurse was to be the infection control lead for the practice, and had carried out the infection control audit. We were told that any issues with cleanliness that were noticed by staff

Are services safe?

were reported to the building managers. Practice staff told us that checks of cleanliness were carried out, but these were ad hoc (rather than scheduled) and not documented.

There were generally good arrangements for managing medicines, to keep patients safe.

- Processes were in place for handling repeat prescriptions which included the review of high risk medicines. 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.
- Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.
- Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment.) Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction (PSD) from a prescriber. (PSDs are written instructions from a qualified and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis.)
- There were procedures in place for managing the storage of vaccines, but these were not applied consistently. We noted the refrigerator where vaccines were stored was over-stocked, which meant that there was limited space for air to circulate to maintain an even temperature. For vaccines to be safe and work properly, they need to be kept cold (between +20C and +80C). A temperature of 100C was recorded on three consecutive occasions in April 2016, but no action was taken. We brought this to the attention of the practice staff who followed national guidance to confirm that the vaccines were still safe and effective. Shortly after the inspection, we were sent minutes of a meeting where the issue was discussed and actions agreed to ensure that all staff were aware of their responsibilities and vaccine procedures to be followed, to avoid a repeat occurrence of the incident.

We reviewed four 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

Other risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. The practice had up to date fire risk assessments and carried out regular fire drills. 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 a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (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. At the time of the inspection, there was a shortage of practice nurse time. A practice nurse had left and a new advanced nurse practitioner had been recruited but she was not yet seeing patients as her DBS check had not been received. There were plans to recruit another practice nurse to further increase the nursing hours available.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.

Are services safe?

- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.
- Clinical staff met regularly to share and discuss how care was being delivered, and review any new guidance.

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 96% of the total number of points available, compared to an average across England of 95%.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators was similar to the national average.
 - 77% of patients had an IFCC HbA1c of 64 mmol/mol or less, compared to the national average of 78%. (IFCC HbA1c is specific blood tests for how well diabetes is controlled).
 - 81% of patients with diabetes had well managed blood pressure (national average 81%).
 - 82% of patients had a foot examination and risk classification (national average 88%)
- Performance for mental health related indicators was similar to the national average.
 - 100% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which is above the national average.

- 90% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan (national average 88%).
- 86% patients with schizophrenia, bipolar affective disorder and other psychoses had their alcohol consumption recorded (national average 90%).

There was evidence of quality improvement including clinical audit.

- There had been five clinical audits completed 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, an audit of prescribing patterns identified a patient with poor mental health who was not taking their required medicines. The practice arranged for the pharmacy to prescribe medicines in a way that made it easier for the patient and for the pharmacist to check whether the patient was taking them correctly. In another example, the practice evaluated the service delivered by the drug and alcohol rehabilitation unit, and used the findings to challenge the pressure for fast detoxes.
- Completed audits were carried out to ensure that prescribing was in line with guidelines on emollient and antibiotic use. The practice reviewed antibiotic prescribing in 2015, and found that 38% of prescribing was in line with guidelines. The GPs were given extra training. Six months later, 60% of prescribing was in line with guidelines.
- There was an extensive system to evaluate the key services provided, with a system of customised 'dashboards'. This allowed the practice to monitor effectively the care provided to patients with particular health needs, such as patients with diabetes, in line with QOF targets.

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. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.

Are services effective?

(for example, treatment is effective)

- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules 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 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, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

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

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

Supporting patients to live healthier lives

- The practice used an electronic patient check-in system to find patients who were carers or who would benefit from smoking and alcohol cessation. The practice also looked for risk factors for developing a long-term health condition on patient records. Patients were offered help by practice staff or signposted to the relevant service.
- A dietician and drug and alcohol advisor was available on the premises and smoking cessation advice was available from the practice nursing team.

The practice's uptake for the cervical screening programme was 71%, which was comparable to the Clinical Commissioning Group (CCG) average of 73% and the national average of 74%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using tailored information for those with a learning disability and they ensured a female sample taker was available. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening, abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 11% (Meningitis C, CCG average 10%) to 96% and five year olds from 89% to 98%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and

Are services effective?

(for example, treatment is effective)

NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

Most of the 12 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

We spoke with 13 patients, including two members of the patient participation group (PPG). The PPG members also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

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

- 88% of patients said the GP was good at listening to them, compared to the Clinical Commissioning Group (CCG) average of 87% and the national average of 89%.
- 81% of patients said the GP gave them enough time, compared to the CCG average of 83% and the national average of 87%.
- 87% of patients said they had confidence and trust in the last GP they saw, compared to the CCG average of 84% and the national average of 95%.
- 84% of patients said the last GP they spoke to was good at treating them with care and concern, compared to the national average of 85%.

- 80% of patients said the last nurse they spoke to was good at treating them with care and concern, compared to the national average of 91%.
- 93% of patients said they found the receptionists at the practice helpful, compared to the CCG average of 87% and the 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 generally 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 showed patients generally responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages for GPs, but below average for nurses. For example:

- 86% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83% and the national average of 86%.
- 87% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 69% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

The practice ran its own survey to explore the issues raised in the national survey. This did not show dissatisfaction with nursing care, but the practice provided additional supervision sessions with the lead GP to support the nurse in their work.

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

- Staff told us that translation services were available for patients who did not have English as a first language. This service was advertised on the electronic display in the waiting room.

Are services caring?

- Patients could use the electronic system (for booking in and health promotion) in any of ten different languages).
- The practice was part an initiative to improve patients ability to manage their own health conditions. Patients were given written information to help them get the most from their diabetes care planning meetings; this included a simple explanation of their blood test results and tools for goal setting.
- Information was available in easy read format for patients with learning disabilities.

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.

Counselling was available in the surgery. The practice previously employed their own child and adult counsellor, however counselling services were now organised locally.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 237 patients as carers (just over 2.5% of the practice list). The practice wrote to those identified as carers with information about support available, and to ask if they were happy to be referred to a local carers' organisation.

There was a structured and systematic process of support for patients who had suffered a bereavement. This included: informing clinical and non-clinical staff so that they could provide support, sending a bereavement card, contact by telephone or letter from their GP and alerting other services (so that families did not receive further communication addressed to their relative). Written information was provided that explained the legal process of registering a death and details of how to get support. This information was also available on the practice website.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice provided medical support to a drug and alcohol service that supported its own patients and those from other practices in the area to reduce or stop their consumption of alcohol and drugs.

- The practice was an early adopter of 'extended hours'. The practice consulted their patients and offered early morning appointments (from 7am Monday to Friday) as this is what patients said they preferred.
- There were longer appointments available for patients with a learning disability. The practice had created an easy-read invitation and review pack for patients with learning difficulties to make it easier for them to attend and benefit from health reviews.
- The practice recognised that although there were few older people on their list, these patients tended to be vulnerable with complex needs. Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice. We saw evidence of close multidisciplinary working to meet such patients' needs.
- Same day appointments were available for children and those patients with medical problems that required same day consultations.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available. There were no signs advertising the translation services, but this information was shown on the electronic display (with other messages). The practice told us that information about the services the practice provided would also be available on the television in the waiting room, once this had been repaired.
- The practice had signed up to accept patients declined by other practices because of aggressive behaviour, and had a policy of working with patients to meet their needs rather than removing them from the list.
- One of the partners set up a liaison group to work with other organisations to improve services in a local

housing estate. The practice manager continued to attend the group to represent the practice. The group had worked particularly on health issues and security concerns, for example, on improved street lighting and the installation of a security camera on the footbridge close to the practice.

- At the start of the Ebola epidemic the practice reviewed its contingency plans, as it recognised that a high proportion of the practice's patients made visits to family in West Africa. The practice set up a specific phone line for concerned patients and set up procedures for safely managing any suspected case.
- In addition to the standard NHS postnatal check at six weeks, the practice invited new mothers and their babies to the practice at two weeks after the birth. The aim of this intervention was to provide new parents insight into how to develop of secure attachment with their babies over the first 12 months, and therefore supporting overall social, emotional and educational development. The practice reported high rates of patient satisfaction with this service and had carried out an evaluation that showed a positive impact on parental understanding and behaviours.
- The practice population had a high prevalence of diabetes. In response, the practice created their own information pack on pre-diabetes to give to patients, and provided patients with different options to support weight loss (including referral to an exercise programme, Weight Watchers or a dietician).

Access to the service

The practice was open from 7.00am to 6.30pm Monday to Friday. Appointments were available from 7.00am to 12pm and 1.30pm to 6.00pm Monday to Friday. When the practice was closed cover was provided by a local out-of-hours service.

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

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

- 80% of patients were satisfied with the practice's opening hours, compared to the national average of 78%.

Are services responsive to people's needs?

(for example, to feedback?)

- 57% of patients said they could get through easily to the practice by phone, compared to the national average of 73%.
- 66% of patients said that the last time they wanted to see or speak to a GP or nurse from their GP surgery they were able to get an appointment, compared to the national average of 76%.
- 54% of patients said that they felt that they normally had to wait too long to be seen, compared to the local average of 41% and the national average of 35%.

The practice also ran its own survey in 2015 that echoed the results of the GP Patient Survey. In response to all of the patient feedback received about appointment access, the practice:

- increased the number of appointments with GPs.
- created bookable telephone consultation slots with all GPs working every day.
- made more appointments available to be booked online (increased from 10% to 25%).
- promoted online access to appointment booking more widely.
- invested in a new telephone system that allowed for an extra person to take calls in the morning, and for patients to book, change or cancel appointments using an automated system at any time (including when the surgery is closed).

The practice was working with other practices (as part of the local federation) on plans to develop weekend clinics.

In response to the dissatisfaction with waiting times, the practice put in place a plan to audit waiting times, review

the results in a team meeting to establish the issues and provide training (if this is identified as necessary). The whole plan was due to be completed by the end of June and we saw that progress was being made.

On the day of the inspection, people told us that it varied how easy it was to make an appointment, with waits of up to 3 weeks for routine appointments, especially with particular GPs. Patients told that they were sometimes not able to get a urgent appointment on the same day, and some patients felt that telephone access was difficult.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system, with a poster in reception and full details on the practice website.

We looked at 11 complaints received in the last 12 months and saw that these were dealt with in a timely way and with openness and transparency. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, after a patient complained about a member of clinical staff, the practice provided extra training on how to deal with patients questioning a diagnosis or treatment.

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 displayed in the waiting areas and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

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.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were some arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. .

Leadership and culture

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

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with

patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. There had not been a recent practice away day, but the practice organised regular social events.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered.

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

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

- The practice had gathered feedback from patients through the Patient Participation Group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG suggested that the practice invested in a text reminders service to reduce the number of patients that did not arrive for appointments, which was subsequently arranged. The PPG was involved in review and improvement work, for example they made suggestions to improve the management and take-up of the annual flu clinics.
- The practice had gathered feedback from staff through staff meetings, appraisals and informal discussion. Staff

Are services well-led?

Good 

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

told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice.

- The practice team was forward thinking and part of schemes to improve outcomes for patients, for example the initiative to improve care for patients with diabetes by increasing their knowledge.

- There had been recent investment in videoconferencing equipment, to make it easier to communicate with other professionals.

Staff told us that the practice were generally very supportive to training and development. The practice has recently become approved to train doctors as GPs. The practice mentored apprentices and had provided training to allow a volunteer to become an employed health care assistant.