Statham Grove Surgery

Quality Report

Statham Grove
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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

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Statham Grove Surgery on 25 February 2015. The practice was rated good overall and requires improvement for safe. The full comprehensive report from this inspection can be found by selecting the 'all reports' link for Statham Grove Surgery on our website at www.cqc.org.uk.

This inspection was an announced comprehensive inspection carried out on 6 June 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 25 February 2015. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

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

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.
- The practice had clearly defined and embedded systems to minimise risks to patient safety.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- Results from the national GP patient survey showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients we spoke with said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had a significant number of patients whose first language was Turkish and the practice had put arrangements in place to support this group. For instance, some leaflets were available in Turkish and the practice had arranged to have Turkish speaking support workers provide services at the surgery.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Summary of findings

- 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 the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.

The areas where the provider should make improvements:

- Continue to review infection control arrangements in those consulting rooms fitted with carpets and which had sinks and taps that did not comply with national guidelines
- Review and improve how patients with caring responsibilities are identified and recorded on the clinical system to ensure that information, advice and support is made available to them.

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?

Good

The practice is rated as good for providing safe services.

- When we inspected in February 2015, we had concerns that the storage GP home visit bags did not prevent unauthorised access to emergency medicines and vulnerable adults were not always identified on the patient management system. At this visit, we found that effective arrangements were now in place to ensure that emergency medicines were stored securely and were not left in doctors bags and the practice had an effective system to identify and record vulnerable adults on the system.
- During the February 2015 inspection we also noted that the practice could not provide evidence that cleaning schedules had been followed. At this inspection, we saw completed cleaning records which showed that the contractor was fulfilling their obligations and that this was being monitored.
- From the sample of documented examples we reviewed, we found there was an effective system for reporting and recording significant events; lessons were shared to make sure action was taken to improve safety in the practice. When things went wrong patients were informed as soon as practicable, received 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 to minimise risks to patient safety.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had adequate arrangements to respond to emergencies and major incidents.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average compared to the national average.
- Staff were aware of current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills and knowledge to deliver effective care and treatment.

Summary of findings

- 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. For instance, the practice arranged joint appointments with psychiatrists from a specialist secondary care provider to provide additional support for patients with complex mental health conditions. These appointments were longer than routine appointments and were used to discuss physical and mental health with the patient.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- 97% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 86% and the national average of 92%.
- 97% of patients said they had confidence and trust in the last nurse they saw (CCG average 96% national average 97%).
- Survey information we reviewed showed that patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. For instance, 91% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 86% and the national average of 86%.
- Information for patients about the services available was accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- The practice understood its population profile and had used this understanding to meet the needs of its population. The practice population included a significant number of Turkish speaking patients and the practice had made arrangements to support this population group. For instance, the practice had sourced funding from the CCG to provide a Turkish speaking social prescriber who held a weekly clinic at the practice.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.

Summary of findings

- Patients we spoke with said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and evidence from three examples reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Good

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had policies and procedures to govern activity and held regular governance meetings.
- The practice had a track record of teaching and training new GPs. The practice regularly provided support to trainee doctors who were experiencing difficulties in their learning and who were at risk of failing in their training. Doctors told us this helped keep their own knowledge up to date and this benefitted patients directly.
- An overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- The partners encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged with the patient participation group.
- There was a focus on continuous learning and improvement at all levels. Staff training was a priority and was built into staff rotas.
- GPs who were skilled in specialist areas used their expertise to offer additional services to patients.

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

Good

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

- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible.
- Outcomes for conditions often associated with older people were comparable to local and national averages. For instance, 90 % of patients with hypertension had well controlled blood pressure compared to the CCG average of 90% and the national average of 83%.

People with long term conditions

Good

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

- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.
- The practice provided or hosted a range of specialist clinics to support patients with long term conditions. For instance, there were weekly clinics with specialist diabetes nurses and dieticians, respiratory pharmacists and coronary heart disease nurses.
- Performance for diabetes related indicators were comparable to CCG and national averages. For instance, 85% of patients had well controlled blood sugar levels (CCG average of 78%, national average 78%).

Summary of findings

- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.
- All these patients had a named GP and there was a system to recall patients for a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

Good

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

- From the sample of documented examples we reviewed we found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- The practice's uptake for the cervical screening programme was 82%, which was comparable with the CCG average of 79% and the national average of 81%.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us, on the day of inspection, that children and young people were treated in an age-appropriate way and were recognised as individuals.

Appointments with GPs and nurses were available outside of school hours and the premises were suitable for children and babies.

- The practice worked with midwives, health visitors and school nurses to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics.
- The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications.

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 these populations had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care, for example, extended opening hours.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

People whose circumstances may make them vulnerable

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 homeless people and those with a learning disability. Patients who were homless could register using the practice address and could present a special card at reception to avoid potentially embarrassing conversations.
- GPs from the practice provided GP services at the Hackney Winter Night Shelter for three hours every Sunday night between November and March. This was done in a voluntary capacity and was unpaid. As well as providing GP services, doctors also supported patients through counselling, advocacy and signposting to support organisations.
- Information about support for victims of domestic violence was available in the waiting area as well as in the privacy of toilet cubicles where patients could engage with the details unobserved.
- The practice offered longer appointments for patients with a learning disability.
- The practice had a significant number of patients whose first language was Turkish and when the PPG published a patient guide to accessing the appointment system, this had also been translated into Turkish.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They 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)

Good

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

- The practice carried out advance care planning for patients living with dementia.
- 89% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the national average of 84%.
- 94% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the record compared to the CCG average of 89% and national average of 89%.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs and had recently undertaken a clinical audit of patients with learning difficulties who had been prescribed medicines to treat mental health conditions.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing above local and national averages. Three hundred and eleven survey forms were distributed and 111 were returned. This represented 1% of the practice's patient list.

- 95% of patients described the overall experience of this GP practice as good compared with the CCG average of 84% and the national average of 85%.
- 79% of patients described their experience of making an appointment as good (CCG average 73%, national average of 73%).
- 91% of patients said they would recommend this GP practice to someone who has just moved to the local area (CCG average 79%, national average of 80%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received eight comment cards which were all positive about the standard of care received. Patients said they were treated with dignity and respect and they were able to get appointments when they needed them.

We spoke with five patients during the inspection. All five patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. The practice participated in the Friends and Family test; results showed that 93% of patients stated they were extremely likely or likely to recommend the practice.

Areas for improvement

Action the service SHOULD take to improve

- Continue to review infection control arrangements in those consulting rooms fitted with carpets and which had sinks and taps that did not comply with national guidelines
- Review and improve how patients with caring responsibilities are identified and recorded on the clinical system to ensure that information, advice and support is made available to them.

Statham Grove Surgery

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.

Background to Statham Grove Surgery

Statham Grove Surgery provides GP primary care services to approximately 8,500 people living in Stoke Newington, London Borough of Hackney. The practice has a General Medical Services (GMS) contract for providing general practice services to the local population. A General Medical Services (GMS) contract is the contract between general practices and NHS England for delivering primary care services to local communities.

Information published by Public Health England rates the level of deprivation within the practice population group as four on a scale of one to ten. Level one represents the very highest levels of deprivation and level ten the lowest.

There are currently four GP partners, three female and one male. There are also four salaried GPs, two female and two male, all of whom work part-time. The practice provides a total of 36 GP sessions per week.

The clinical team is completed by two practice nurses and two health care assistants all of whom work full- time. The health care assistants were also trained as phlebotomists (Phlebotomists are specialist healthcare assistants who take blood samples from patients for testing in laboratories). There are also a business manager and ten administrative and reception staff.

The practice is registered to provide the regulated activities of maternity and midwifery services, diagnostic and screening procedures, family planning, treatment of disease, disorder or injury and surgical procedures.

The practice is located in a purpose built two storey building and patients are given the option of being seen on the ground floor.

The practice opening hours for the surgery are:

Monday 9am to 7:30pm

Tuesday 9am to 7:30pm

Wednesday 9am to 6:30pm

Thursday 7am to 1:00pm

Friday 9am to 6:00pm

Saturday Closed

Sunday Closed

Appointments with GPs and nurses are available every weekday morning between 9am and 11:50am, every Monday, Tuesday and Wednesday afternoon between 4pm and 6:20pm, and on Friday afternoons between 4pm and 5:50pm. Extended hours GP appointments are offered between 6:30pm and 7:30pm on Monday and Tuesday evenings and between 7am and 7:45am on Thursday mornings. Extended hours nurse appointments are offered on Monday and Tuesday evenings between 6:30pm and 7pm. In addition to pre-bookable appointments that can be booked up to six weeks in advance, urgent appointments are also available for patients that need them.

The practice has opted not to provide out of hours services (OOH) to patients and these were provided on the practice's behalf by City & Hackney Urgent Healthcare

Detailed findings

Social Enterprise (CHUSE). The details of the how to access the OOH service are communicated in a recorded message accessed by calling the practice when it is closed and details can also be found on the practice website.

Patients can book appointments in person, on-line or by telephone. Patients can access a range of appointments with the GPs and nurses. Face to face appointments are available on the day and are also bookable up to six weeks in advance. Telephone consultations are offered where advice and prescriptions, if appropriate, can be issued and a telephone triage system is in operation where a patient's condition is assessed and clinical advice given. Home visits are offered to patients whose condition means they cannot visit the practice.

The practice provides a wide range of services including clinics for diabetes, asthma, contraception and child health care and also provides a travel vaccination clinic. The practice also provides health promotion services including a flu vaccination programme and cervical screening.

Why we carried out this inspection

We undertook a comprehensive inspection of Statham Grove Surgery on 25 February 2015 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as good overall and requires improvement for safe. The full comprehensive report following the inspection on 21 July 2016 can be found by selecting the 'all reports' link for Silverlock Medical Centre on our website at www.cqc.org.uk.

We undertook a follow up comprehensive inspection of Statham Grove Surgery on 6 June 2017. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

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. This included information from City and Hackney Clinical Commissioning Group (CCG) and NHS England. We carried out an announced visit on 6 June 2017. During our visit we:

- Spoke with a range of staff (Four GPs, Business Manager, Practice Nurse, members of the reception and administration teams) and spoke with patients who used the service.
- Observed how patients were being cared for in the reception area and talked with carers and/or family members
- Reviewed a sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Visited all practice locations
- Looked at information the practice used to deliver care and treatment plans.

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

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

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

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

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

Good

Are services safe?

Our findings

At our previous inspection on 25 February 2015, we rated the practice as requires improvement for providing safe services as we had concerns that arrangements for the storage of GP home visit bags did not prevent unauthorised access. We also noted that vulnerable adults were not always identified on the patient record system and there were gaps in cleaning records.

These arrangements had improved when we undertook a follow up inspection on 6 June 2017. Doctors no longer kept blank prescription pads in their home visit bags and we noted that these were now stored securely when not in use. The practice had reviewed adult safeguarding arrangements and ensured that vulnerable adults were clearly identified on the practice computer system. The practice had re-let the premises cleaning contract and we saw that all cleaning schedules and records were now routinely completed. The practice is now rated as good for providing safe services.

Safe track record and learning

There was a system for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents 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).
- From the sample of three documented examples we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. The practice carried out a thorough analysis of the significant events.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, we saw details of an occasion when a patient had accessed a cupboard where supplies of dressings were stored. The practice had reviewed the incident and had undertaken a risk assessment to identify mitigating actions to reduce the risk of a repeat of the incident. We were told that all patients entering the area where the incident had occurred were now accompanied by a member of staff at all times.
- The practice also monitored trends in significant events and evaluated any action taken.

Overview of safety systems and processes

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

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. From the sample of documented examples we reviewed we found that the GPs attended safeguarding meetings when possible or provided reports where necessary for other agencies. The practice told us that internal child protection meetings were held monthly.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs and the practice nurse were trained to child safeguarding level 3. All other staff were trained to child safeguarding level 1.
- 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 were cleaning schedules and monitoring systems in place.
- The practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local

infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training. Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. We noted that three consulting rooms were fitted with carpet and had sinks and taps which did not comply with national guidelines. The practice told us they had applied for funding to undertake remedial actions in these rooms but this application had not yet been successful. Practice management described the cleaning arrangements for the carpets and we saw that cleaning kits suitable for cleaning body fluids and other spillages were available. Clinical staff were able to describe how they used paper towels to turn taps on and off.

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

- There were processes for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred. The practice carried out regular medicines audits, with the support of the local clinical commissioning group 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 to monitor their use. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for clinical conditions within their expertise. They received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health care assistants were trained to administer vaccines and medicines and patient specific prescriptions or directions from a prescriber were produced appropriately.

We reviewed five personnel files and found that files did not always include sufficient information to demonstrate that appropriate recruitment checks had been undertaken prior to employment. For example, there was no evidence that proof of identification had been provided prior to employment. However the practice explained that this was a filing error which had arisen at a time when the practice did not have a practice manager in place. We were provided with the relevant information within two days of the inspection. Records for clinical staff included details of qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

Monitoring risks to patients

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

- There was a health and safety policy available.
- The practice had an up to date fire risk assessment and carried out regular fire drills. There were designated fire marshals within the practice. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control and although an assessment of the risks associated with legionella was overdue, we saw confirmation that this had been booked for a date in the same week as the inspection and we were provided with a copy of the assessment three days after the inspection. This had not identified any serious concerns. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients and the practice had made arrangements with secondary care providers and national charities to deliver a wide range of services at the practice. This included weekly clinics provided by a respiratory pharmacist, a specialist diabetes nurse, a specialist diabetes dietician and a social prescriber.

Arrangements to deal with emergencies and major incidents

Good

Are services safe?

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training 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.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. The practice had undertaken a formal clinical assessment to define a schedule of emergency medicines which reflected the needs of the practice. This schedule included alternative treatments which took allergies into account. For instance, the practice held a stock of penicillin for the treatment of infections including meningitis and held a stock of a penicillin alternative to treat patients who were allergic to penicillin. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. This had been reviewed following a recent incident when NHS computer systems had been compromised through a malicious computer virus although the practice computer system had not been affected. The plan included emergency contact numbers for staff.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 99% of the total number of points available compared with the clinical commissioning group (CCG) average of 97% and national average of 95%.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/2016 showed:

- Performance for diabetes related indicators were comparable to CCG and national averages. For instance, 85% of patients had well controlled blood sugar levels (CCG average of 78%, national average 78%). The exception reporting rate for this indicator was 18% (CCG average 11%, national average 13%). The percentage of patients on the diabetes register, whose last measured total cholesterol (measured within the preceding 12 months) was 5 mmol/l or less was 87% (CCG average 85%, national average 80%). The exception reporting rate for this indicator was 11% (CCG average 10%, national average 13%).
- Performance for mental health related indicators was comparable to CCG and national averages. For example, 94% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the record compared to the CCG average of 89% and national average of 89%. The exception reporting rate for this indicator was 8% (CCG average 9%, national average 13%). The percentage of patients diagnosed with dementia (eighteen patients) whose care plan had been reviewed in a face-to-face review in the preceding 12 months was 89% which was comparable to 89% in the CCG and 84% nationally. The rate of exception reporting was 0% compared with the CCG average of 4% and the national average of 7%.
- 90 % of patients with hypertension had well controlled blood pressure compared to the CCG average of 90% and the national average of 83%. The exception reporting rate for this indicator was 4% (CCG average 4%, national average 4%).
- Outcomes for patients with asthma were comparable to CCG and national averages. CCG and national averages. For instance, 84% had had an asthma review in the preceding 12 months using a nationally recognised assessment tool compared to the CCG average of 83% and the national average of 76%. The exception reporting rate for this indicator was 1% (CCG average 2%, national average 8%).

There was evidence of quality improvement including clinical audit:

- There had been 12 clinical audits commenced in the last two years, two of these were completed audits where the improvements made were implemented and monitored. Examples of clinical audits undertaken at the practice included an audit of patients diagnosed with learning difficulties who had been prescribed with antipsychotic treatment, an audit of children under 5 years who had visited urgent care providers over a six month period and three audits of practice referrals to secondary care.
- Findings were used by the practice to improve services. For example, the practice had recently recorded and investigated a significant event concerning an adverse reaction to a particular medicine. As part of the learning process for this significant event, the practice had undertaken an audit of all patients who had been prescribed this medicine and had invited these patients to appointments where their conditions and treatment were reviewed.

The practice was located in an area with a relatively high prevalence of human immunodeficiency virus (HIV) and in the context of a report from the Terence Higgins Trust

regarding the level of undiagnosed HIV cases nationally, had undertaken an audit to assess whether HIV screening was being offered to newly registering patients and those with HIV indicator conditions, in addition to patients undergoing sexual health checks. During the first cycle of the audit, the practice had reviewed all patients who had been offered HIV screening over a six week period in February and March 2017. This has shown that of all patients offered HIV screening in the period, 63% had been offered this screening during sexual health checks. A further 20% had been offered screening as a result of presenting with recurring chest infections and 6% as a result of presenting with a recurring infection of a different type. The remaining 11% consisted of one newly registering patient and single numbers of patients presenting with five HIV indicator conditions. The practice organised a teaching session for all clinical staff during which UK National Guidelines for HIV Testing, published by the British HIV Association (BHIVA) were discussed. In addition, information posters provided by the Terence Higgins Trust were displayed in the waiting room and staff were briefed to be able to tell patients about routine HIV screening at the practice. The practice had undertaken a second audit cycle in May 2017 and this had shown that clinicians were offering the service to a wider range of patients with sexual health checks now only accounting for 33% of the total number of HIV screening referrals. The number of HIV indicator conditions leading to screening referrals had increased from five to eight and the number of newly registering patients offered HIV screening had risen from one to four. This suggested that clinicians were now offering this screening to a wider range of patients.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- 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 and nurses. 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.
- From the sample of nine documented examples we reviewed we found that the practice shared relevant information with other services in a timely way, for example when referring patients to other services.

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

The practice arranged joint appointments with psychiatrists from a specialist secondary care provider to

Good

Are services effective?

(for example, treatment is effective)

provide additional support for patients with complex mental health conditions. These appointments were longer than routine appointments and were used to discuss physical and mental health.

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

Consent to care and treatment

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

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

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.
- A dietician was available on the premises and smoking cessation advice was available from a local support group.
- Information about support for victims of domestic violence was available in the waiting area as well as in the privacy of toilet cubicles where patients could engage with the details unobserved.

The practice's uptake for the cervical screening programme was 82%, which was comparable with the CCG average of 79% and the national average of 81%.

Childhood immunisations were carried out in line with the national childhood vaccination programme. There are four areas where childhood immunisations are measured; each has a target of 90%. The practice achieved the target in all four areas. These measures can be aggregated and scored out of 10, with the practice scoring 9.2 which was comparable to the national average of 9.1.

There was a policy to offer telephone or written reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. There were failsafe systems to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer and uptake rates for these programmes were above local averages and comparable to national averages. For example, 66% of eligible women had been screened for breast cancer within the previous 3 years compared to the CCG average of 60% and the national average of 72%.

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

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All of the eight 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.

We spoke with four patients including two members of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 95% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 88% and the national average of 87%.
- 90% of patients said the GP gave them enough time (CCG average of 86% national average 87%).
- 97% of patients said they had confidence and trust in the last GP they saw (CCG average of 86%, national average of 92%).
- 91% of patients said the last GP they spoke to was good at treating them with care and concern (CCG average 83%, national average 85%).
- 83% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average of 87% and the national average of 91%.
- 85% of patients said the nurse gave them enough time (CCG average 89%, national average 92%).
- 97% of patients said they had confidence and trust in the last nurse they saw (CCG average 96% national average 97%).
- 81% of patients said the last nurse they spoke to was good at treating them with care and concern (CCG average 86%, national average 91%).
- 88% of patients said they found the receptionists at the practice helpful (CCG average 86%, national average 87%).

Care planning and involvement in decisions about care and treatment

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

Children and young people were treated in an age-appropriate way and recognised as individuals.

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 in line with local and national averages. For example:

- 91% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 86% and the national average of 86%.
- 85% of patients said the last GP they saw was good at involving them in decisions about their care (CCG average 80%, national average 82%).
- 82% of patients said the last nurse they saw was good at explaining tests and treatments (CCG average 85%, national average 87%).
- 76% of patients said the last nurse they saw was good at involving them in decisions about their care (CCG average 80%, national average 85%)

Good

Are services caring?

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

- Staff told us that interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.
- The Choose and Book service was used with patients as appropriate. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital.
- Clinical staff used anatomical models and information posters to help patients understand their conditions.

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 51 patients as carers (less than 1% of the practice list). Carers were offered NHS health checks and priority access to seasonal vaccinations and could request repeat prescriptions by telephone which was a service not offered to the general practice population. The practice also provided information about support available to carers including services offered in a neighbouring London borough where a significant number of the practice population lived and the practice website included a Carers section which provided links to a range of services provided by NHS Carers Direct. The practice also provided carers with advice about respite support and were able to direct carers to the various avenues of support available to them. Older carers were offered timely and appropriate support.

Staff told us that if families had experienced bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- The practice offered extended hours on a Monday and Tuesday evening until 7.30pm and between 7am and 8am on Wednesday mornings, for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- There were weekly dedicated clinics for long term conditions. For instance, the practice held a weekly diabetes clinic which was attended by a specialist diabetes nurse and a diabetes dietician. Specialist clinicians also attended at weekly clinics for chronic heart disease and asthma. This meant that patients who required specialist advice were able to receive this locally and did not have to travel to a secondary care provider.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice offered telephone consultations for patients who were unable to attend in person or who were unsure if their condition required a visit to the surgery.
- The practice provided an online consulting facility which meant that patients could get advice without visiting the practice. This service used a guided process to provide general information about conditions and medicines which are available without prescription as well as access to personalised advice from a GP.
- Patients who were homeless could register using the practice address. The practice participated in a community scheme through which patients who were homeless were provided with a special card which identified them as homeless. This could be presented to the reception team on arrival and was intended to allow homeless patients to register or access services easily and discretely and avoid embarrassing conversations in the waiting area.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately. The practice population was drawn from a diverse range of nationalities and the practice had responded by providing links to detailed information about vaccinations required for over 200 separate destinations. A travel questionnaire could be downloaded from the practice website and this could be used to help patients understand, plan and book appointments for travel vaccinations.
- There were accessible facilities and interpreter services available but the practice did not have a hearing loop to support patients with impaired hearing. Longer appointments were provided for patients who required interpreters.
- The practice population included a significant number of Turkish speaking patients and the practice had made arrangements to support this population group. For instance, the practice had sourced funding from the CCG to provide a Turkish speaking social prescriber who held a weekly clinic at the practice. There were three 45 minute appointments available every week we were told that the practice referred between 15 and 20 patients to this service every quarter.
- The practice had arranged for a support worker from a national charitable organisation to hold a fortnightly clinic at the appointment. This was to provide support for patients, including older patients and those whose circumstances made them vulnerable, who were experiencing difficulties accessing services. For instance, the support worker assisted patients who found it difficult to navigate the benefit system or appeal against personal independent payment (PIP) assessment.
- Add your own examples consider issues such as; age, disability, gender, gender reassignment, pregnancy and maternity status, race, religion or belief and sexual orientation and patients with complex needs, for example those living with dementia or those with a learning disability.
- The practice provided access to online services, including making and cancelling appointments and requesting repeat prescriptions.

Good

Are services responsive to people's needs?

(for example, to feedback?)

- The practice website hosted a short video presentation which helped patients to understand how to register for, and use online services. The website also provided information about other health related services in the local area, including pharmacists, opticians and dentists.

Access to the service

The practice opening hours for the surgery were:

Monday 9:00am to 7:30pm

Tuesday 9:00am to 7:30pm

Wednesday 9:00am to 6:30pm

Thursday 7:00am to 1:00pm

Friday 9:00am to 6:00pm

Saturday Closed

Sunday Closed

Appointments with GPs and nurses were available every weekday morning between 9am and 11:50am and every Monday, Tuesday and Wednesday afternoon between 4pm and 6:20pm, and on Friday afternoons between 4pm and 5:50pm. Extended hours GP appointments were offered between 6:30pm and 7:30pm on Monday and Tuesday evenings and between 7am and 7:45am on Thursday mornings. Extended hours nurse appointments were offered on Monday and Tuesday evenings between6:30pm and 7pm. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for patients that needed them.

The practice told us they purposely sought to provide a higher than average number of all appointments including a higher than average number of GP appointments. For instance, the practice provided a total of 113 weekly appointments per 1000 patients which was higher than the 72 appointments per 1000 patients recommended by the local CCG. This included 81 GP appointments per week. Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was above local and national averages.

- 83% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 78% and the national average of 76%.
- 85% of patients said they could get through easily to the practice by phone (CCG average 76%, national average 73%).
- 80% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment (CCG average 75%, national average 76%).
- 98% of patients said their last appointment was convenient (CCG average 91%, national average 92%).
- 79% of patients described their experience of making an appointment as good (CCG average 73%, national average 73%).
- 67% of patients said they don't normally have to wait too long to be seen (CCG average 54%, national average 58%).

Patients told us on the day of the inspection that they were able to get appointments when they needed them.

The practice had a system to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- 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, including in the waiting area and on the practice website.

We looked at 12 complaints received in the last 12 months and found and found these were handled in line with practice procedures. Lessons were learned from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, the practice had reviewed one complaint which indicated that patients had difficulty accessing appointments. The practice had responded by working with the patient participation group (PPG) to

Good

Are services responsive to people's needs?

(for example, to feedback?)

undertake a follow-up survey around the appointment system and had used this to develop a 'Guide to the Appointment System'. This was a downloadable document which provided patients with information on the various ways to access the practice appointment system. This was supported by a flowchart which described the different type of appointments available as well as alternative care providers in the community. This was also available in the Turkish language

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. This was also displayed on the practice website
- The practice had a clear 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 and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas. For instance, one GP was the practice and CCG lead for gastroenterology as well as having an advisory role as a GP With a Special Interest (GPwSI) at a local hospital. The practice nurse had a lead role supporting patients with long term conditions and had qualified as an independent prescriber.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- A comprehensive understanding of the performance of the practice was maintained. Practice meetings were held monthly which provided an opportunity for staff to learn about the performance of the practice.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints. For instance, on one occasion a patient had made a complaint about a side effect of a particular treatment. The practice had investigated the circumstances and found that the patient had been prescribed the treatment for longer than the recommended period. In addition to responding to the complaint, the practice had recorded this incident as a significant event and had undertaken a clinical investigation, identified and shared learning from the incident and had taken steps to prevent a repeat. The practice had also undertaken a single cycle prescribing audit to ascertain whether there were similar risks for other patients.

Leadership and culture

The practice was a training practice and at the time of the inspection there were three trainee doctors as the practice. Two of the practice GPs were trainers and a third GP was currently in training to become a trainer. One of the GP trainers was the also the Programme Director for the Hackney Vocational Training Scheme and an Associate Dean and examiner for the Royal College of General Practitioners. The Hackney Vocational Training Scheme is the local training programme for qualified doctors training to be GPs. The practice told us that three GPs now working at the practice had undertaken their GP training at the practice. The practice told us this had helped them avoid the recruitment difficulties experienced by many other practices.

The practice had a track record of volunteering to support trainee doctors who were experiencing difficulties in their training. This included trainees experiencing personal and academic difficulties. This also included supporting doctors whose medical training had been undertaken outside the United Kingdom and who were working to complete an approved training programme to be eligible for entry onto the GP register. We saw validated positive feedback from three doctors who had successfully completed training with the support of the practice. One GP also had a role with the NHS Practitioner Health Programme. The Practitioner Health Programme is a national programme to provide support for GPs whose work might be affected by poor mental health, stress, depression or substance misuse.

The practice also provided career progression opportunities for staff and had encouraged and supported staff to engage with training programmes. For instance, one healthcare assistant was currently progressing towards an advanced qualification, a practice nurse had been supported to become and independent prescriber and doctors were encouraged to pursue ambitious professional

Are services well-led?

Good

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

development opportunities outside the workplace. One of the GPs had recently been involved in designing care pathways for the CCG and another was a board member of a Community Education Provider Network (CEPN). CEPNs are networked arrangements of providers within a specified geography whose purpose is to understand and develop the community-based workforce, in order to meet the health needs of their local population.

We saw evidence that GPs from the practice provided GP services at the Hackney Winter Night Shelter for three hours every Sunday night between November and March. This was done in a voluntary capacity and was unpaid. As well as providing GP services, doctors also supported patients through counselling, advocacy and signposting to support organisations. GPs told us that where patients had a registered GP, they would provide consultation notes in writing, by email and by telephone. Non-clinical staff at the practice told us this made them feel very proud to be associated with the practice.

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

- The practice gave affected people 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 and staff felt supported by management.

- Doctors at the practice were supported through weekly peer support. All salaried GPs had weekly supervision with a GP partner and these meetings were used to review prescribing and referrals. We were told that salaried GPs would also undertake reviews of partners prescribing, referrals and consultation notes and that this benefitted all GPs at the practice. Doctors told us this was also an opportunity to discuss professional experiences and share learning.
- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- The practice was located close to the boundary of two local authority areas and had ensured that it had relationships with and attended meetings with health professionals and safeguarding teams in both areas.
- Staff told us the practice held regular team meetings. We also saw evidence of regular team meetings including the nursing team, reception team and administration team.
- 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. We noted that the practice held regular social events. Minutes were comprehensive and were available for practice staff to view.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients and staff. It proactively sought 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 had undertaken a survey to identify problems reported by patients around access to appointments. This had led to the development of a flowchart and guidance document which helped patients to understand

Are services well-led?

Good

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

alternative ways of accessing primary and secondary care. This was displayed in the waiting area and was also available to download, including a version presented in Turkish.

- the NHS Friends and Family test, complaints and compliments received. The practice website included a link to the NHS Family and Friends test and patients were encouraged to engage with this way of providing feedback.
- staff through staff meetings, appraisals and discussion. All staff had also had an opportunity to engage with a programme referred to as 'Job Chats'. These were a series of one to one conversations offered to staff by the newly appointed business manager and were an opportunity for staff to talk openly about areas where they felt the practice could be improved through a review of job descriptions and duties. We were told by staff and management that this had been a very positive exercise and had brought about significant improvements to staff morale and business efficiency.

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

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For instance, the practice had taken part in the Productive GP Programme run by NHS England. This was an evidence based programme of facilitated management modules which looked how practices could work more effectively and efficiently. The practice had used this programme to review and improve processes and expand capacity by ensuring that consulting rooms were used to provide additional services when not in use by clinical staff, for instance by visiting support workers.