

Dr Heather Charles

Quality Report

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

Ratings

Overall rating for this service

Good



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Heather Charles on 5 January, 2017. Overall the practice is rated as good.

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

- Staff had been trained with the skills, knowledge and experience to deliver effective care and treatment; however we found gaps in training requirements between clinical and non-clinical staff and an ineffective system of managing training needs.
- 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.
- 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.
- Patients 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.
- 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.

The areas where the provider must make improvements are:

- Review and improve the system for monitoring staff training; ensure all staff are up to date with the required training for their roles.

Summary of findings

The areas where the provider should make improvement are:

- Review audit systems in relation to the monitoring of prescription pads in accordance with national NHS guidelines
- The provider should make arrangements to ensure patients can provide formal feedback through an active patient participation group.

- Review and improve the uptake for cervical screening.

- Continue to review and improve patient satisfaction scores in relation to access to the practice.

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 requires improvement for providing safe services.

Requires improvement



- Not all staff had been trained in basic life support, infection control, safeguarding and fire safety. Apart from annual appraisals there was no clear system in place for monitoring the training needs of staff.
- 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 well managed.

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 average compared to the national average. For example, the percentage of patients with COPD who had a review undertaken including an assessment of breathlessness using the medical research council dyspnoea scale in the preceding 12 months was 95% compared to the CCG average of 95% and the national average of 90%.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- 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



Summary of findings

- Data from the national GP patient survey showed patients rated the practice similar to and below the national average for several aspects of care. We saw evidence that the practice took action to improve low levels of satisfaction.
- 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.
- 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.

- There were extended appointments available three days a week.
- 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.
- Patients 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 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.

- 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 following a recent restructure.
- 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.

Good



Summary of findings

- 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.

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.

- 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.
- All elderly housebound patients were visited on a quarterly basis to ensure preventive care and treatment for this patient cohort.
- A full-time onsite pharmacist to ensure continuity of care following discharge from secondary care.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months was 83% compared to the CCG average of 79% and the national average of 76%.
- 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.

Good



Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. 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, and we saw evidence to confirm this.

Good



Summary of findings

- The percentage of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding 5 years was 66% compared to the CCG average of 81% and the national average of 82%.
- 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 and health visitors.

Working age people (including those recently retired and students)

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

- Extended hours appointments were available three days a week.
- 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.
- Telephone and electronic consultations available for patients who are unable to attend the practice.
- 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.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice 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. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Good



Summary of findings

People experiencing poor mental health (including people with dementia)

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

- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive care plan documented in the record, in the preceding 12 months, was 85% compared to the CCG average of 85% and the national average of 88%.
- 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.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



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 the local and national averages. A total of 370 survey forms were distributed and 109 were returned. This represented 2% of the practice's patient list.

- 66% of patients found it easy to get through to this practice by phone compared to the CCG average of 76% and the national average of 73%.
- 64% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 75% and the national average of 76%.
- 79% of patients described the overall experience of this GP practice as good compared to the CCG average of 84% and the national average of 85%.

- 81% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average and 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 13 comment cards which were all positive about the standard of care received. Common themes in the comments cards were around staff being warm, caring, good listeners and providing holistic care. Five of the 13 cards noted it was difficult to book routine appointments.

We spoke with two patients during the inspection. Both patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

Areas for improvement

Action the service **MUST** take to improve

- Review and improve the system for monitoring staff training; ensure all staff are up to date with the required training for their roles.

Action the service **SHOULD** take to improve

- Review audit systems in relation to the monitoring of prescription pads in accordance with national NHS guidelines

- The provider should make arrangements to ensure patients can provide formal feedback through an active patient participation group.
- Review and improve the uptake for cervical screening.
- Continue to review and improve patient satisfaction scores in relation to access to the practice.

Dr Heather Charles

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team consisted of a CQC Lead Inspector, a GP specialist adviser and a practice manager specialist advisor.

Background to Dr Heather Charles

The Dr Heather Charles practice is located in the London Borough of Hackney within the NHS Hackney Clinical Commissioning Group. The practice holds a Personal Medical Services contract (an agreement between NHS England and general practices for delivering primary care services to local communities). The practice provides a full range of enhanced services including childhood immunisation and vaccination, meningitis immunisation, dementia support, influenza and pneumococcal immunisations, rotavirus and shingles immunisation and unplanned admissions avoidance.

The practice is registered with the Care Quality Commission to carry on the regulated activities of family planning, maternity and midwifery services, treatment of disease, disorder or injury and diagnostic and screening procedures.

The practice had a patient list size of 6,000 at the time of our inspection. The practice had a higher proportion of people with a long standing health conditions than local average (52% compared to the CCG average of 45% and the national average of 54%). The practice serves a diverse community. At 77 years, male life expectancy was below

the CCG average of 78 years and the England average of 79 years. At 82 years, female life expectancy is comparable with the CCG average of 82 years and the England average of 83 years.

The practice has fewer patients aged 60 years of age and older compared to an average GP practice in England. The percentage of patients between the ages of 25 and 49 is higher than the average GP practice in England. The surgery is based in an area with a deprivation score of one out of ten (one being the most deprived). Children and older people registered with the practice have a higher level of income deprivation compared to the local and national averages. Patients at this practice have a higher rate of unemployment than the national average.

The clinical team at the practice included one principal female GP, five sessional GPs (four female and one male), three practice nurses (one male and two female) and one male healthcare assistant. The non-clinical team at the practice included one practice manager and 13 administrative staff. There were 23 GP sessions available per week.

The practice is open on the following days and times:

- Monday to Wednesday: 8.30am to 6.30pm
- Thursday: 8.30am to 1pm
- Friday: 8.30am to 5.30pm

Extended hours access is available three days a week:

- Tuesday: 7am to 8.30am
- Wednesday: 6.30pm to 7pm
- Saturday: 8.30am to 1pm

Urgent appointments are available each day and GPs also provide telephone consultations for patients. An out of

Detailed findings

hour's service is provided for patients when the practice is closed. Information about the out of hour's service is provided to patients through posters in the waiting area, on the practice website and the practice leaflet.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme. This practice was previously inspected under the old methodology in January 2014 and was found to be compliant with all standards at that time.

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 5 January 2016.

During our visit we:

- Spoke with a range of clinical and non-clinical 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, we reviewed an incident regarding a missed opportunity to diagnose an existing condition for a patient. We saw evidence that the practice investigated the incident and identified learning which was shared with staff and used to improve clinical systems to prevent similar incidents.

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 GP for safeguarding adults and children. The GPs attended safeguarding meetings when possible and always

provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs, nurses and the HCA were trained to child safeguarding level 3. Non-clinical staff that we spoke to on the day of inspection were able to demonstrate an understanding of safeguarding issues and knew how to report safeguarding concerns but we were not assured that non-clinical staff were up to date with safeguarding training. We asked for evidence to show that non-clinical staff were up to date with level 1 child safeguarding training on the day of inspection which the practice was unable to provide.

- 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. One of the practice nurses was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place however the practice were unable to provide evidence that all staff had received up to date training including the clinical lead. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). 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 was no system in place to monitor their use. Patient Group Directions (PGDs) had been adopted by

Are services safe?

the practice to allow the practice nurse to administer medicines in line with legislation. (PGDs 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 groups of patients who may not be individually identified before presentation for treatment). The health care assistant was trained to administer vaccines and medicines against a patient specific prescription (PSDs) or direction from a prescriber. (PSDs are written instructions signed by a doctor for medicines to be supplied and/or administered to a named patient after the prescriber has assessed the patient on an individual basis).

- We reviewed six personnel files and found

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills however staff had not completed fire safety training. 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. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- We did not see evidence of basic life support training for non-clinical staff within the last 12 months. Staff were able to demonstrate knowledge of what actions to take in the event of an emergency and there were emergency medicines available in the treatment room.
- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a 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.

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 94.9% of the total number of points available. The practice exception reporting rate was higher than the local and national averages for several clinical domains. Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects. We reviewed clinical records where exception rate reporting was higher than the national average and found the exceptions to be clinically acceptable.

This practice was not an outlier for any QOF targets. Data from 2015/16 showed:

- Performance for mental health related indicators was above the national average. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive care plan documented in the record, in the preceding 12 months, was 91% (exception reporting rate 4%), compared to the CCG and national average of 89%.
- Performance for asthma related indicators was above the national average but comparable to other practices

in the area. The percentage of patients with asthma, on the register, who had an asthma review in the preceding 12 months that includes an assessment of asthma control using the three Royal College of Physicians questions was 78% (exception reporting rate 2%) compared to the CCG average of 83% and the national average of 76%.

- Performance for chronic obstructive pulmonary disease (COPD) related indicators was above the national average. The percentage of patients with COPD who had a review undertaken including an assessment of breathlessness using the medical research council dyspnoea scale in the preceding 12 months was 95% (exception reporting rate 4%) compared to the CCG average of 95% and the national average of 90%.
- Performance for diabetes related indicators was above the national average but comparable to other practices in the area. The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less was 85% (exception reporting rate 10%) compared to the CCG average of 85% and the national average of 80%.
- Performance for hypertension related indicators was comparable to the national average. The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less was 88% (exception reporting rate 4%) compared to the CCG average of 90% and the national average of 83%.
- Performance for dementia related indicators was above the local and national average. The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months was 100% (exception reporting rate 0%) compared to the CCG average of 90% and the national average of 84%.

There was evidence of quality improvement including clinical audit.

- There had been nine clinical audits completed in the last two years, two of these were completed audits where the improvements made were implemented and monitored.

Are services effective?

(for example, treatment is effective)

- The practice participated in local audits, national benchmarking, accreditation and peer review.
- Findings were used by the practice to improve services. For example, recent action taken included a completed a prescribing audit for patients with an upper respiratory tract infection and an audit focusing on urology referrals based on NICE guidance were completed. Both audits showed improvements in outcomes for patients. The practice kept detailed records of clinical discussions and the disseminating of learning from all audits.

Effective staffing

We looked at how the practice ensured that staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice were unable provide us with assurance on how they ensured role-specific training and updating for relevant staff. For example, of the six personnel records we reviewed, we found no evidence that clinical staff had completed mental capacity act training. Apart from annual appraisals there was no system in place to monitor training compliance for staff at the practice.
- The practice had an induction programme for all newly appointed staff. This covered such topics as the roles and responsibilities of all staff within the practice, safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- 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. All staff had received an appraisal within the last 12 months.

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. We received a large amount of evidence around regular multi-disciplinary team meetings to ensure continuity of care for vulnerable patients, often with complex medical and emotional 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.
- 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. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition.
- The practice provides support to patients requiring assistance with family welfare, alcohol counselling and counselling.
- The practice employs a patient liaison manager who acts an advocate for patients if required and provides information and support on the range of services available such as housing benefits.

Are services effective?

(for example, treatment is effective)

The practice's uptake for the cervical screening programme was 66% which was below the CCG average of 79% and the national average of 81%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice encouraged the uptake of the screening programme 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.

Childhood immunisation rates for the vaccinations given were mostly higher when compared to the national averages. There are four areas where childhood immunisations for children under the age of two years are

measured; each has a target of 90%. The practice achieved the target in three out of four areas. These measures can be aggregated and scored out of 10, with the practice scoring 9.3 (compared to the national average of 9.1). For children aged between two and five years the practice is measured against two targets. The practice was comparable to the local and national averages for this age range. For example, the number of children aged between two and five years was 84% and 93% compared to the CCG average of 83% and 93% and the national average of 88% and 94%.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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.

All of the 13 patient Care Quality Commission comment cards we received were positive about the service experienced, however five of the cards noted that it could be difficult to book routine appointments. Patients said they felt the practice offered a caring service and staff were helpful and treated them with dignity and respect. On the day of inspection we reviewed the appointment system and found there were routine appointments available and staff told us that same day emergency appointments requests were never refused.

The practice did not have an active patient participation group (PPG) at the time of our inspection. In order to facilitate a PPG the practice set a schedule of meetings dates and agenda items for discussion. A list of patients possibly interested in the PPG were invited to join the first meeting scheduled for March 2017. Although the practice did not have an active PPG we did see evidence that they conducted patient surveys and acted on patient feedback.

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

- 92% of patients said the GP was good at listening to them compared to the CCG average of 88% and the national average of 89%.

- 83% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.
- 95% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 97%.
- 82% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 83% and the national average of 85%.
- 87% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 86% and the national average of 91%.
- 82% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% 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 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 responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were comparable with local and national averages. For example:

- 84% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG and national average of 86%.
- 70% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 80% and the national average of 82%.
- 80% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 81% and the national average of 85%.

Are services caring?

As part of the patient survey conducted by the practice, patients were asked if they felt the last GP they saw was good at involving them in decisions about their care. Out of 25 responses, six said replied with 'very good'; 15 replied with 'good'; one replied with 'poor'; one replied with 'very poor'; one replied with 'neither good nor poor'; and the final reply was one for 'doesn't apply'. These results were on the agenda for discussion at the March 2017 meeting.

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. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.
- There was a multi-lingual patient liaison manager who could support patients during and after consultations.

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.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 153 patients as carers (more than 1% of the practice list). Written information was available to direct carers to the various avenues of support available to them including information about young carer's services and flu jabs for carers. The practice had useful information through the patient liaison manager for carers including housing, finance, support services and benefits available to carers, this information is also included in a pack the practice provide to carers.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- There was a children and teenager clinic every Saturday morning.
- The practice provided extended hours appointments three days per week.
- There were longer appointments available for patients with a learning disabilities and long-term conditions.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that required same day consultation.
- Patients were able to receive travel vaccinations available on the NHS and were referred for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available.

Access to the service

The practice was open between 8.30am and 6.30pm Monday to Wednesday; Thursday between 8.30am to 1pm; Friday between 8.30am to 5.30pm.

Extended hours appointments were offered seven days a week:

- Tuesday between 7am to 8.30am
- Wednesday between 6.30pm to 7pm
- Saturday between 8.30am to 1pm

In addition to pre-bookable appointments that could be booked up to two 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 lower than the local and national averages.

- 68% of patients were satisfied with the practice's opening hours compared to the CCG average of 78% and the national average of 76%.

- 66% of patients said they could get through easily to the practice by phone compared to the CCG average of 76% and the national average of 73%.

The patient survey conducted by the practice asked these questions and the results were mixed:

- Satisfaction with the practice's opening hours: 19 positive responses, four neutral responses and two negative responses.
- Satisfaction around accessing the practice by telephone: 14 positive responses; 10 negative responses and one neutral response.

These results were on the agenda for the PPG meeting in March 2017.

The practice had a system in place to assess:

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

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 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 GP lead that monitored the management of all complaints in the practice.
- We saw that information was available to help patients understand the complaints system on the practice website, in the practice leaflet and in the patient waiting area.
- The patient liaison manager was responsible for analysis of complaints and shared trends and themes with all staff at practice meetings.

We looked at 10 complaints received in the last 12 months and found that all complaints were managed in line with practice policy. Lessons were learnt from individual concerns and complaints and also from analysis of trends

Are services responsive to people's needs?

(for example, to feedback?)

and action was taken to as a result to improve the quality of care. For example, we reviewed a complaint regarding booking an appointment. We saw evidence that the practice responded to the patient with all options available

for booking a routine appointment. We saw evidence that learning was shared with all staff and reception staff were asked to ensure patients were given all the booking options when phoning to schedule a routine appointment.

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 and staff knew and understood the values.
- The practice had a 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. However the system for monitoring completed and required training for staff was ineffective. We only saw evidence that training needs were identified through annual appraisals.
- 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 arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the principal GP in the practice demonstrated the experience, capacity and capability to run the practice and ensure high quality care. The principal GP told us they prioritised safe, high quality and compassionate care. Staff told us the principal GP was 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 principal GP 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 leadership structure in place and staff felt supported by management.

- Staff told us that training needs were supported, however we found that the only system used to monitor training requirements was the annual appraisal.
- 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.
- 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.
- The practice held a team building day once a year.

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 did not have an active patient participation group (PPG) however the practice did gather patient feedback through surveys and complaints received. We saw evidence that the practice acted on patient

Are services well-led?

Good 

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

feedback. For example, adding a clock and a noticeboard in the patient waiting area detailing GPs working that day and information on any delays in appointment times.

- The practice had gathered feedback from staff through annual staff survey, staff meetings and generally

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

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>How the regulation was not being met:</p> <ul style="list-style-type: none">• We found that the practice did not maintain an effective programme for ensuring all staff were up to date with training. The practice were unable to demonstrate that clinical staff had completed mental capacity act training, fire safety training and infection control training (including the practice nurse who was the lead for infection control). The practice were also unable to demonstrate that non-clinical staff had completed training for basic life support, safeguarding, fire safety and infection control. <p>This was in breach of regulation 18(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>