

# The Southgate Surgery

## Quality Report

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

## Ratings

Overall rating for this service		Good	
Are services safe?		Good	
Are services effective?		Requires improvement	
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 The Southgate Surgery on 21 October 2015. Overall the practice is rated as Good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Staff learning and development needs were not identified through an appraisal system.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.

- Patients said they found it easy to make an appointment with a named GP and that 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.
- The practice had proactively sought feedback from patients and had an active patient participation group.
- Although, a vision was in place, the practice did not have a robust strategy and set of business plans that reflected the vision and mission of the practice going forward.

However there were areas of practice where the provider needs to make improvements.

Importantly the provider must:

- Ensure that an appraisal system is in place for all staff at the practice.

Importantly the provider should:

# Summary of findings

- Ensure there is an up to date risk assessment in place to monitor the control of substances hazardous to health.
- Ensure that there is a training matrix in place for all staff to ensure that training is kept up to date.
- Ensure the lead for infection control had appropriate training commensurate to the role of lead.
- Develop a robust business strategy and supporting business plans that reflect the practice's vision and values and support appraisal.

- Ensure there are robust arrangements for identifying, recording and managing risks, issues and implement mitigating actions.

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.

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

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, people received reasonable support, truthful information, a verbal and written apology and 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.

Good



### Are services effective?

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

- Data showed patient outcomes were at or above average for the locality.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits had begun to demonstrate quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisal for clinicians but few appraisals and personal development plans for non-clinical staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of people's needs

Requires improvement



### Are services caring?

The practice is rated as good for providing caring services.

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

Good



# Summary of findings

- We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- It reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice staff regularly attended meetings with the local CCG to discuss performance across the locality and issues affecting the local population so that services could be targeted appropriately. For example, recent discussions about the development of local initiatives to support patients from abroad who have been used to accessing different healthcare delivery models.
- Patients said they found it easy to make an appointment with a named GP and that 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 that 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.

- It had a clear vision to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.

Good



# Summary of findings

## The six population groups and what we found

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

### Older people

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

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

Good



### People with long term conditions

This 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.
- Performance for diabetes related indicators was better than the national average. For example, 98.3% of patients with diabetes had received a flu immunisation in the preceding 1 September to 31 March, compared with a national average of 94.4%; the percentage of patients with diabetes whose last measured cholesterol was 5/mmmol/l or less was 81.7% compared with a national average of 80.5%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check that their health and medicines needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care

Good



### Families, children and young people

The practice was 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 practice's uptake for the cervical screening programme was 80.5%, which was comparable to the CCG average of 80.4% and the national average of 81.6%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw good examples of joint working with midwives, health visitors and school nurses.

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

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

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

Good



## **People whose circumstances may make them vulnerable**

The practice was 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 those with a learning disability.
- It offered longer appointments for people with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- It had told vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Good



## **People experiencing poor mental health (including people with dementia)**

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

- Performance for mental health related indicators were comparable to the national average. For example: 83.7% of

Good



# Summary of findings

patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the last 12 months compared with a national average of 88.3% and the percentage of those patients who had a record of their alcohol consumption in the preceding 12 months was 86% compared with a national average of 89.5%.

- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- It had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.



# Summary of findings

## What people who use the service say

The national GP patient survey results published July 2015 showed the practice was performing in line with local and national averages with the exception of access to a GP of choice (where performance was below local and national averages). There were 114 responses and a response rate of 1.3% of the patient population.

- 64.2% find it easy to get through to this surgery by phone compared with a CCG average of 67.2% and a national average of 73.3%.
- 84.2% find the receptionists at this surgery helpful compared with a CCG average of 84.2% and a national average of 86.8%.
- 59.4% with a preferred GP usually get to see or speak to that GP compared with a CCG average of 53.4% and a national average of 60.0%.
- 78.9% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 81.7% and a national average of 85.2%.
- 96.5% say the last appointment they got was convenient compared with a CCG average of 89.2% and a national average of 91.8%.

- 71.3% describe their experience of making an appointment as good compared with a CCG average of 69.8% and a national average of 73.3%.
- 51.4% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 55.5% and a national average of 64.8%.
- 42.9% feel they don't normally have to wait too long to be seen compared with a CCG average of 47.9% and a national average of 57.7%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received thirteen comment cards which were positive about the standard of care received. Reception staff, nurses and GPs all received praise for their professional care and patients said they felt listened to and involved in decisions about their treatment.

Patients informed us that they were treated with kindness and compassion by staff at the practice. They also felt well supported and cared for. We also spoke with two members of the PPG and three patients attending the practice for appointments on the day of our visit. They told us they could not fault the care they had received and felt the practice was responsive to their needs

# The Southgate Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Inspector. The team included a CQC Hospital manager, GP specialist adviser, and a Practice manager specialist adviser.

## Background to The Southgate Surgery

The Southgate Surgery is situated in Southgate, North London within the NHS Enfield Clinical Commissioning Group (CCG). The practice holds a Primary Medical Services contract (an agreement between NHS England and general practices for delivering personal medical services). The practice provides a full range of enhanced services including adult and child immunisations, facilitating Timely Diagnosis and Support for People with Dementia, and minor surgery.

The practice is registered with the Care Quality Commission to carry on the regulated activities of Surgical procedures, Maternity and midwifery services, Treatment of disease, disorder or injury, Family planning, Diagnostic and screening procedures.

The practice had a patient list of just over 8,509 at the time of our inspection.

The staff team at the practice included three GP partners (one male and two female), two salaried GPs' (one female and one male), two practice nurses (female), one healthcare assistant (female) and one phlebotomist (female). The practice has one practice manager, and eleven administrative staff. All staff work a mix of full time and part time hours.

The practice is open between 8.00am and 6.30pm Monday to Friday. However, it is closed between 1.00pm and 2.00pm daily. Extended hours surgeries are offered on Monday morning from 7.00am to 8.00am and Saturday mornings 9.00am to 12.30pm (for routine appointments only). To assist patients in accessing the service there is an online booking system, and a text message reminder service for appointments and test results. Urgent appointments are available each day and GPs also complete telephone consultations for patients. An out of hour's service provided by a local deputising service covers the practice when it is closed. If patients call the practice when it is closed, an answerphone message gives the telephone number they should ring depending on their circumstances. Information on the out-of-hours service is provided to patients on the practice website as well as through posters and leaflets available at the practice. There are approximately five hundred GP appointment sessions available and two hundred nurse appointment sessions available per week this excludes telephone consultations.

The practice had a lower percentage than the national average of people with a long standing health conditions (46.7% compared to 54.0%); and a lower percentage than the national average of people with health related problems in daily life (49.9% compared to 48.8%). The average male and female life expectancy for the Clinical Commissioning Group area was higher than the national average for males and in line with the national average for females.

## Why we carried out this inspection

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

# Detailed findings

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This 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.

This provider had not been inspected before and that was why we included them..

## How we carried out this inspection

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

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

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

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

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 21 October 2015. During our visit we spoke with a range of staff including GPs, a practice nurse, and three administrative staff. We spoke with patients who used the service including two representatives of the patient participation group (PPG). We observed how people were being cared for and talked with carers and/or family members and reviewed the personal care or treatment records of patients. We reviewed 13 comment cards where patients and members of the public shared their views and experiences of the service. We also reviewed the practice's recent patient satisfaction survey results from 2014/15 provided prior to our visit.

# Are services safe?

## Our findings

### Safe track record and learning

There was an open and transparent approach and a system in place for reporting and recording significant events. People affected by significant events received a timely and sincere apology and were told about actions taken to improve care. Staff told us they would inform the practice administrators of any incidents and there was also a recording form available on the practice's computer system. All complaints received by the practice were entered onto a system. The practice carried out an analysis of the significant events.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, a patient reported that they had received another patient's referral letter in error. Discussions resulted in a review of procedure, an apology letter was sent to the patients concerned and staff updates and additional safeguards to ensure this event did not reoccur were put in place.

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance. This enabled staff to understand risks and gave a clear, accurate and current picture of safety.

### Overview of safety systems and processes

The practice had defined and embedded systems, processes and practices in place to keep people safe, which included:

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. All staff demonstrated they understood their responsibilities and all had received training relevant to their role. However,

non-clinical staff had not received the recommended level of formal safeguarding training. The practice manager told us that this training had been booked for November 2015 and we saw the training confirmation.

- A notice was displayed in the waiting room, advising patients that staff were available to act as chaperones, if required. The practice had two practice nurses who acted as chaperones. Both of which had been trained for the role and had received a disclosure and barring service check (DBS). (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 manager told us that non clinical staff would be undertaking chaperoning training in November 2015 to ensure there were more available chaperones with DBS should this be required.
- There were procedures in place for monitoring and managing risks to patient and staff safety. The practice had up to date fire risk assessments and regular fire drills were carried out. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment had been checked in the last year to ensure it was in working order. The practice had an up to date infection control risk assessment. We noted that the review of legionella risks had been undertaken in 2012 and a recent update undertaken in October 2015. However, the practice did not have an up to date risk assessment in place to monitor the control of substances hazardous to health.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. A practice nurse had been identified as the infection control clinical lead but had not received specific training in regard to the responsibilities involved with taking a lead role. However, together with the practice manager both had undertaken some initial training about infection control, and had sought advice on best practice from published guidance which had been implemented. We found that there was an infection control protocol in place and all staff had received training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. For

## Are services safe?

example, cleaning issues had been identified and rectified. The team meeting had infection control discussed as part of its agenda to ensure staff were kept up to date.

- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. We reviewed seven personnel files and found that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- 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 that

enough staff were on duty. The practice management team told us that they had identified a shortage of non-clinical staff and were actively seeking to recruitment more staff to increase resilience.

### **Arrangements to deal with 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. However, the practice's most recently appointed GP in August 2015 had not received an update since 2013 and the practice manager informed us that this would be booked following our visit. The practice did not have a training matrix in place to ensure that all staff had training scheduled at the appropriate intervals. The practice had a Defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book 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 fit for use.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.
- 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 participated in the Quality and Outcomes Framework (QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes

to monitor outcomes for patients. Current results were 86.2% of the total number of points available, compared with a national average of 93.5%. Data from 2014/2015 showed:

- Performance for diabetes related indicators was above the national average. For example, 98.3% of patients with diabetes had received a flu immunisation in the preceding 1 September to 31 March, compared with a national average of 94.4%; the percentage of patients with diabetes whose last measured cholesterol was 5/ mmol/l or less was 81.7% compared with a national average of 80.5%.
- Performance for hypertension related indicators was above the national average. For example, 84.1% patients with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less compared to the national average of 83.6%
- Performance for mental health related indicators were comparable to the national average. For example: 83.7% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the last 12 months compared with

a national average of 88.3% and the percentage of those patients who had a record of their alcohol consumption in the preceding 12 months was 86% compared with a national average of 89.5%.

- Performance for dementia related indicators was below the national average. The percentage of patients diagnosed with dementia whose care had been reviewed in the preceding 12 months was 78.3% compared with a national average of 84%.

The practice had increased its clinical capacity by recruiting additional GPs and had reviewed its arrangements in regard to managing the QOF. It had established clinical leads and were looking to increase capacity so that patients with long term conditions were identified systemically and reminded to attend clinics for health checks and follow up or take up of additional services such as the influenza vaccination. The leadership team told us that they hoped these operational changes would improve the management of those patients with long term conditions through the QOF.

Clinical audits had begun to demonstrate quality improvement. The practice had undertaken four clinical audits in the last two years, one audit focused on cervical screening follow ups over a two year cycle and two focused on prescribing. The fourth audit was looking at retinopathy screening for diabetic patients and was yet to complete as cycle one had only recently commenced. All complete audits had identified actions for improvement.

### Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, fire safety, health and safety and confidentiality.
- The learning needs of staff were not fully identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. However, there was no training matrix in place for staff to ensure that training remained current and that training needs identified led to an appropriate learning event. Staff received ongoing support during informal one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and



# Are services effective?

## (for example, treatment is effective)

support for the revalidation of doctors and nurses. However, although clinical staff had all been appraised; not all non-clinical staff had received an annual appraisal in the last 12 months. We saw two completed appraisals out of eight staff members. We spoke to the practice manager about this who advised that a new appraisal programme was underway with a view that all non-clinical staff would receive an appraisal by the end of the financial year.

- Staff received training that included: basic life support and customer care management. Staff had access to in house and external training. The practice management team were looking at introducing e-learning training modules to support staff to refresh their training.
- There was clinical supervision for nursing staff and arrangements were in place for GPs' continuing professional development, appraisal and revalidation. Clinical staff regularly took part in Community Education Provider Network (CEPN) events that supported cross organisation multi professional NHS workforce development.

### 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 test results. Information such as NHS patient information leaflets were also available. All relevant information was shared with other services in a timely way, for example when people were referred to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when patients moved between services, when they were referred, or after they are discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

### Consent to care and treatment

Patients' consent to care and treatment was always sought 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, assessments of capacity to consent were also carried out in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment. The process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

### Health promotion and prevention

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 80.5%, which was comparable to the CCG average of 80.4% and the national average of 81.6%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. 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 comparable to national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 60% to 75% and five year olds from 57% to 76%. Flu vaccination rates for the over 65s were 66% which was 10% lower than the national average of 73%, and at risk groups 40% which was comparable to CCG and national averages. Flu clinics were available during autumn months and a weekly stop smoking clinic was available which was run by the practice's healthcare assistant.

Patients had access to appropriate health assessments and checks. There was a stop smoking clinic available weekly. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. Appointments for tests and then for further review once the results were known were booked at the same time to ensure health assessments and checks were followed up.

# Are services caring?

## Our findings

We observed that members of staff were courteous and very helpful to patients and treated people 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 and that 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 CQC 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 also spoke with two members of the patient participation group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards 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 doctors and nurses. For example:

- 82.1% said the GP was good at listening to them compared to the CCG average of 84.8% and national average of 88.6%.
- 74.4% said the GP gave them enough time compared to the CCG average of 82.2% and national average of 86.8%.
- 93.8% said they had confidence and trust in the last GP they saw compared to the CCG average of 93.2% and national average of 95.2%.
- 75.4% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 80.2% and national average of 85.1%.
- 84.2% patients said they found the receptionists at the practice helpful compared to the CCG average of 84.2% and national average of 87%.

- 94.8% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 85.1% and national average of 90.4%.
- 91.6% said the last nurse they saw or spoke to was good at giving them enough time compared to the CCG average of 87.5% and national average of 91.9%.
- 93.1% said they had confidence and trust in the last nurse they saw or spoke to compared to the CCG average of 95% and a national average of 97.2%.
- 59.4% of patients with a preferred GP usually get to see or speak to that GP compared to the CCG average of 53.4% and a national average of 60%

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

Patients we spoke with told us that health issues were discussed with them and 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 GP consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey were very positive for questions about patient involvement in planning and making decisions about care with GPs and nurses. For example:

- 83.1% say the last GP they saw or spoke to was good at explaining tests and treatments compared with a CCG average of 81.7% and a national average of 86%.
- 72.2% say the last GP they saw or spoke to was good at involving them in decisions about their care compared with a CCG average of 76.6% and a national average of 81.4%.
- 95% say the last nurse they saw or spoke to was good at explaining tests and treatments compared with a CCG average of 85.4% and a national average of 89.6%.
- 88.6% say the last nurse they saw or spoke to was good at involving them in decisions about their care compared with a CCG average of 79.6% and a national average of 84.8%.

Staff told us that translation services were available both face to face and over the phone for patients who did not have English as their first language. We saw notices in the



## Are services caring?

reception area informing patients of the translation service and there was an electronic self-check in screen that also had a choice of languages. Staff at the practice spoke a number of community languages.

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

Notices in the patient waiting room told patients how to access a number of support groups and organisations. The practice's computer system alerted GPs if a patient was also a carer. The practice had established a register of all people who were carers. Sixteen carers had been identified and the practice was taking action to increase the number of people on the register to 10% of the practice list in line

with the 2011 population census findings. Carers were being supported by being told about their entitlement to a Carers Assessment by social services and by being given the practice's carers guide which signposted them to other sources of support. Information for carers was available on the practice's website.

Staff told us that if families suffered bereavement, their registered GP contacted them, by phone to offer condolence and offer support. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs or by giving them advice on how to find a support service. We saw that information on bereavement services was available for bereaved families.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice worked with the local CCG to plan services and to improve outcomes for patients in the area. For example, in regard to antibiotic prescribing.

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

- There were longer appointments available for people with complex needs such as learning disability or mental health problems.
- There were 'commuter clinics' available through extended hours surgeries offered on Monday morning from 7.00am to 8.00am and Saturday mornings 9.00am to 12.30pm (for routine appointments only).
- Home visits were available for older patients and patients who would benefit from these.
- A local care home under the practice's care had a named GP to provide continuity for the staff and patient's families. The newly appointed GP who is Greek speaking has been appointed to act as the lead GP; in order to support the Greek speaking patients who are served by this care provider.
- In addition to extended hours appointments there were telephone consultations, online bookable appointments and an electronic prescribing service (EPS), and the over 40s health check to meet the needs of working age people. Patients could request repeat prescriptions online also.
- A stop smoking clinic was available weekly run by the practice's Health Care Assistant.
- Baby clinics run by Health Visitors are run weekly
- Midwife clinics run onsite.
- Blood pressure monitoring was available in the waiting area.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were disabled facilities, downstairs consulting rooms, one disabled toilet and loop system for hearing impaired patients.
- The practice provided free Wi-Fi access for patients.

### Access to the service

The practice was open between 8.00am and 6.30pm Monday to Friday. Extended hours surgeries were offered on Monday morning from 7.00am to 8.00am, and Saturday mornings 9.00am to 12.30pm. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them. There was a duty doctor every day who triaged patients to identify those who needed a home visit or to be seen urgently.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was higher than local and national averages. For example:

- 78.5% of patients were satisfied with the practice's opening hours compared to the CCG average of 74.3% and a national average of 74.9%.
- 71.3% patients described their experience of making an appointment as good compared to the CCG average of 69.8% and a national average of 73.3%.
- 51.4% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 55.5% and national average of 64.8%.

The GP patient survey showed that 73.2% of patients would recommend this surgery to someone new to the area compared to the CCG average of 72.1% and a national average of 77.5%.

We spoke to five patients on the day of our visit who told us that they are able to get an appointment when they needed one and with a preferred GP. Patients all said that this was a very positive feature of the practice and they had no concerns in relation to access. Patients told us reception staff were helpful.

### Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. There was a designated responsible person who handled all complaints in the practice and a lead GP for complaints. We saw that information was available to help patients understand the complaints system. There was a poster in the reception area. Patients we spoke with were aware of the process to follow if they wished to make a complaint, but had not had occasion to complain.

## Are services responsive to people's needs? (for example, to feedback?)

We looked at sixteen complaints received in the last twelve months and found they were dealt with in a thorough, open and timely way. Recorded complaints included those made through the NHS Choices website. The practice held discussions about complaints at the practice meetings and staff told us that it was a shared learning experience. We

saw that where possible, the practice took action to prevent the complainant experiencing the same problems again. For example, we noted one complaint in regard to a delay in receiving a prescription for medication. We noted that the error was corrected and the patient was contacted in a timely fashion.

# 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 strong vision to deliver high quality care and promote good outcomes for patients. The provider had a clear statement of purpose which set out the practice's aims and objectives. The practice management team were able to tell us about options for the future of the practice which involved moving premises and potentially combining services. Plans were yet to be put in place.

The practice patient population was increasing, with patients joining the practice. Three out of five of the patients we spoke with had recently moved to the area and joined the practice and spoke highly of the staff and their experiences of care and treatment.

### Governance arrangements

The practice had an overarching governance framework in place. The practice had the following structures and procedures which supported the delivery of good quality care:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. For example there were lead GPs for clinical governance, significant events, medicines management, QOF, information governance, safeguarding, learning disability, mental health, long term conditions and complaints.
- Practice staff were supported to carry out their roles and responsibilities on a day to day basis. However, not all staff had been appraised or had a personal development plan.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice.
- Clinical and internal audit which is used to monitor quality and to make improvements.
- A system of reporting incidents without any fear of recrimination and whereby learning from outcomes of analysis of incidents actively took place.
- A GP partner was the lead for quality assurance covering all aspects of risks including dissemination of learning from complaints and serious events analysis.

- Clear methods of communication were in place across the whole staff team and other healthcare professionals to disseminate current practice guidelines and other information. A proactive approach to patient feedback and engaging

However, we identified areas which were not being supported by the practice's governance framework. We found that there was a lack of formalised strategic planning covering the organisational risks and long term planning for the practice. For example, there had not been an assessment of non-clinical staffing capacity which was identified as a current risk by the practice's management team in the light of an increasing patient list size. We also found that although there was support in place for clinical staff in regard to their professional development needs, we found this was not the case for the non-clinical support team which included the recently appointed practice manager; who had not all received an annual appraisals and who were unclear as to the strategic direction of the practice as business targets were not reflected in individual development plans.

### Leadership, openness and transparency

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. Partners were visible leaders in the practice and staff told us they were approachable, supportive and would be receptive to any concerns or difficulties they had. Staff felt respected and valued, they told us it was a happy place to work and they understood the role they played in delivering services to patients.

Staff told us that regular team meetings were held and we saw a number of team meeting minutes across the practice for both clinical and non-clinical staff. Minutes showed these meetings were an effective means of sharing information and learning enabling the practice team to work together to respond to the needs of patients. Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and were confident in doing so and felt supported if they did. Staff said they felt respected, valued and supported. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

# Are services well-led?

Good 

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

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

The practice encouraged and valued feedback from patients, proactively gaining patients' feedback and engaging patients in the delivery of the service. It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints and suggestions received. There was a well-established and active PPG in place. We met with two representatives who told us they had carried out patient surveys and submitted proposals for improvements to the

practice management team. For example, the group had been successful in receiving funding for redecorating the waiting areas for patients. Purchases included the purchase of a LCD screen in one of the reception areas and a blood pressure monitoring machine for patients. We saw a notice board in the reception area dedicated to the work of the PPG. The group had future plans around patient education in regard to reducing the number of missed appointments and advertising online access and electronic prescribing.

This section is primarily information for the provider

## 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	Regulation 18 HSCA (RA) Regulations 2014 Staffing  We found that a number of staff had not received a regular appraisal of their performance in their role from the appropriately skilled and experienced person. Learning and development needs had not been fully identified. Regulation 18(2)(a).
Family planning services	
Maternity and midwifery services	
Treatment of disease, disorder or injury	