

The Phoenix Practice

Quality Report

7 Brampton Grove,
London, Barnet
NW4 4AE

Tel: 02082029030

Website: <http://www.Phoenixpractice.nhs.uk/>

Date of inspection visit: 1 June 2017

Date of publication: 28/07/2017

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

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	10
Areas for improvement	10

Detailed findings from this inspection

Our inspection team	11
Background to The Phoenix Practice	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13
Action we have told the provider to take	24

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Phoenix Practice on 29 September 2015. During the inspection we identified a lack of infection prevention and control (IPC) audits, IPC staff training and periodic legionella risk assessments. (The full comprehensive report on the September 2015 inspection can be found by selecting the 'all reports' link for the Phoenix Practice on our website at www.cqc.org.uk).

The practice was rated as requires improvement for providing safe services and was rated as good for providing effective, caring, responsive and well led services. Overall the practice was rated as good.

An announced comprehensive inspection was undertaken on 1 June 2017 at which time we were able to confirm that the IPC concerns had been addressed. However, we also identified new concerns regarding the safe prescribing and monitoring of high risk medicines. The Phoenix Practice's individual and overall ratings therefore remain the same.

Our key findings were as follows:

- Action had been taken to improve IPC systems. For example, staff training and assessments had taken place and a programme of audits had been introduced. A legionella risk assessment had also taken place.
- The practice had clearly defined systems in place to minimise risks to patient safety, with the exception of systems in place for safely prescribing and monitoring high risk medicines called Methotrexate and Warfarin. (Immediately after our inspection we were sent confirming evidence that action had been taken to ensure that the systems, processes and practices for prescribing high risk medicines were appropriate to keep people safe).
- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses.

Summary of findings

- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect.
- 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.
- 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 area where the provider must make improvement is:

- Continue to monitor systems introduced in relation to monitoring and prescribing high risk medicines.

The areas where the provider should make improvement are:

- Continue to monitor cervical screening uptake and take action as necessary to improve performance.
- Undertake a risk assessment of the practice decision to provide a baby changing table as opposed to a wall mounted unit; and also consider relocating baby changing facilities away from patient waiting areas, so as to improve patients' privacy and dignity.

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.

- We identified concerns regarding the prescribing and monitoring of high risk medicines. These medicines require careful monitoring because small changes in dosage have the potential for substantial harm. However, we could not be assured that this monitoring was routinely taking place. (Immediately after our inspection we were sent confirming evidence that action had been taken to ensure that the systems, processes and practices for prescribing high risk medicines were appropriate to keep people safe).
- When we inspected on 1 June 2017, the practice had taken action to address the Infection Prevention and Control (IPC) concerns identified at our 2015 inspection. For example, IPC audits, legionella risk assessments and staff IPC training had taken place within the previous 12 months.
- 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.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services.

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

Good



Summary of findings

- End of life care was coordinated with other services involved.

Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Survey information we reviewed showed that patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice understood its population profile and had used this understanding to meet the needs of its population, for example offering Tuesday evening extended hours opening.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- Patients we spoke with said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and evidence reviewed showed the practice responded quickly to issues raised. Learning from complaints were routinely shared with staff.

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.
- There was a clear leadership structure and staff felt supported by management. The practice had policies and procedures to govern activity and held regular governance meetings.

Good



Summary of findings

- An overarching governance framework supported the delivery of the strategy and good quality care, although we noted concerns regarding the system for managing risks associated with the monitoring and prescribing of high risk medicines.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- The provider was aware of the requirements of the duty of candour.
- The partners encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged with the patient participation group.
- There was a focus on continuous learning and improvement at all levels. Staff training was a priority and was built into staff rotas.

Summary of findings

The six population groups and what we found

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

Older people

Good



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

- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Where older patients had complex needs, the practice shared summary care records with local care services.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible.

People with long term conditions

Good



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

- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.
- Latest published data (for the period 01/04/2015 to 31/03/2016) showed that 73% of patients with diabetes had a blood sugar level which was within the required range compared to the 77% clinical commissioning group (CCG) average and 78% national average.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.
- All these patients had a named GP and there was a system to recall patients for a structured annual review to check their

Summary of findings

health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

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

- From the sample of documented examples we reviewed we found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us, on the day of inspection, that children and young people were treated in an age-appropriate way and were recognised as individuals.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked with midwives, health visitors and school nurses to support this population group. For example, in the provision of ante-natal and post-natal clinics.
- The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications.

Good



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).

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

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 those with a learning disability.

Good



Summary of findings

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- 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 had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

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 practice carried out advance care planning for patients living with dementia.
- 98% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months (for the reporting period 1 April 2014 – 31 March 2015), which was above the national average.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- Patients at risk of dementia were identified and offered an assessment.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and dementia.
- We noted that, after allowing for exception reporting, 62% of eligible women with schizophrenia, bipolar affective disorder and other psychoses had had a cervical screening test in the preceding 5 years, compared with the respective 66% and 70% local and national averages.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016 and contained aggregated data collected from July-September 2015 and January-March 2016.

The results showed the practice was performing in line with local and national averages. We noted that 308 survey forms were distributed and that 109 were returned. This represented approximately 2% of the practice's patient list.

- 89% of patients described the overall experience of this GP practice as good compared with the CCG average of 82% and the national average of 85%.
- 70% of patients described their experience of making an appointment as good compared with the CCG and national average of 73%.

- 84% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 80%.

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection. We received 20 comment cards which were all positive about the standard of care received. These were also positive about the service provided; with key themes being that reception staff were compassionate and friendly; and that clinicians treated patients with dignity and respect.

Areas for improvement

Action the service **MUST** take to improve

- Continue to monitor systems introduced in relation to monitoring and prescribing high risk medicines.

Action the service **SHOULD** take to improve

- Continue to monitor cervical screening uptake and take action as necessary to improve performance.

- Undertake a risk assessment of the practice decision to provide a baby changing table as opposed to a wall mounted unit; and also consider relocating baby changing facilities away from patient waiting areas, so as to improve patients' privacy and dignity.

The Phoenix Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser.

Background to The Phoenix Practice

Phoenix Practice is located in Hendon, North London in a converted house. All consultation rooms are based on the ground floor. The practice has a patient list of approximately 7,200. Twenty six percent of patients are aged under 18 (compared to the 21% national practice average) and 12% are 65 or older (compared to the national practice average of 17%). Forty six percent of patients have a long-standing health condition and records showed that approximately 2% of the practice's patient list had been identified as carers.

The services provided by the practice include child health care, ante and post natal care, immunisations, sexual health and contraception advice and management of long term conditions.

The staff team at the Phoenix Practice includes three full time GP partners, consisting of one male and two female GPs, one part time female salaried GP, three part time practice nurses (equalling a 1.65 whole time equivalent practice nurse post), a practice manager and a team of administrative staff.

The practice's opening hours are:

- Monday-Friday (excluding Wednesday): 8:30am-6pm
- Wednesday: 8:30am – 12:30pm

Appointments are available at the following times:

- Monday-Friday (excluding Wednesday): 8:30am-12:30pm and 2:30pm – 6pm
- Wednesday: 8:30am – 12:30pm

The practice offers extended hours opening at the following times:

- Tuesday evenings: 6:30pm-8.20pm

Outside of these times, cover is provided by an out of hours provider.

The practice is registered to provide the following regulated activities which we inspected: Diagnostic and screening procedures; Treatment of disease, disorder or injury; Surgical procedures; Maternity and midwifery services

Why we carried out this inspection

We undertook a comprehensive inspection of The Phoenix Practice on 29 September 2015 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions.

During the inspection we identified infection prevention and control (IPC) concerns; specifically an absence of IPC staff training, IPC audits and legionella risk assessments. (The full comprehensive report on the September 2015 inspection can be found by selecting the 'all reports' link for the Phoenix Practice on our website at www.cqc.org.uk).

The practice was rated as requires improvement for providing safe services and rated as good for providing effective, well led, caring and responsive services. Overall the practice was rated as good.

Detailed findings

We asked the provider to take action and we undertook a follow up inspection on 1 June 2017 to check that action had been taken to comply with legal requirements.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked NHS England to share what they knew. We carried out an announced visit on 1 June 2017. During our visit we:

- Spoke with a range of staff including a partner GP, practice manager, a practice nurse and receptionists.
- Observed how patients were being cared for in the reception area.
- Reviewed a sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Visited the practice's one location.

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, unless otherwise indicated, references to information and data throughout this report (for example any reference to the Quality and Outcomes Framework data) refers to the most recent information available to the CQC at that time.

Are services safe?

Our findings

At our previous inspection on 29 September 2015, we rated the practice as requires improvement for providing safe services because it lacked robust arrangements for identifying, recording and managing infection prevention and control (IPC) risks. For example, IPC audits, IPC staff training and legionella risk assessments had not taken place in the previous 12 months.

We found that IPC systems had significantly improved when we undertook a follow up inspection on 1 June 2017 but identified new concerns regarding the systems in place for safely prescribing and monitoring high risk medicines. The practice therefore continues to be rated as requires improvement for providing safe services.

Safe track record and learning

There was a system for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. The practice carried out a thorough analysis of the significant events.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. We also saw examples of where significant event analyses were used to reflect on instances where staff and the practice's systems worked appropriately to maintain patient safety such as in the case of a newly registered vulnerable patient who was at risk and had required additional support.
- The practice also monitored trends in significant events and evaluated any action taken.
- The records we reviewed indicated that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably

practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.

Overview of safety systems and process

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

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. We were told that GPs attended safeguarding meetings when possible or provided reports as necessary for other agencies.
- When we spoke with staff they demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. All GPs and the practice nurses were trained to child protection or child safeguarding level 3.
- 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.

When we inspected in September 2015, we noted that although the practice maintained appropriate standards of cleanliness and hygiene, annual infection prevention and control (IPC) audits were not regularly taking place and staff had not received training. At this inspection we noted that an IPC audit had taken place within the previous 3 months and we saw evidence that action was taken to address any improvements identified as a result. For example, the provider had introduced disposable curtains. We also noted:

- The practice maintained appropriate standards of cleanliness and hygiene; and there were cleaning schedules and monitoring systems in place.

Are services safe?

- The practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice.
- There was an IPC protocol and staff had received up to date training which included a written assessment. Staff spoke positively about this training (for example the hand hygiene refresher element).

We looked at the arrangements for managing medicines, including storage, emergency medicines, vaccines and high risk medicines.

- We identified concerns regarding the monitoring of patients being prescribed high risk medicines. These medicines have a narrow therapeutic range meaning that small differences in dosage can result in increased risk to patients. They therefore require careful monitoring because of the potential for substantial harm.
- We looked at five of the twenty seven records of patients being prescribed a high risk medicine called Methotrexate but could not confirm that appropriate investigations such as red blood count, kidney function and liver function had been reviewed prior to the medicine being prescribed.
- We also looked at five of the fifty records of patients being prescribed a blood thinning medicine called Warfarin. This is also a high risk medicine requiring close monitoring to ensure that the dosage is within the required therapeutic range. We were told that monitoring took place at patients' respective hospitals but we did not see evidence of this information in patient's records.

We immediately highlighted our concerns and action was promptly taken to ensure that the systems, processes and practices for prescribing high risk medicines were appropriate to keep people safe.

For example, on the day of our inspection the practice cancelled all Methotrexate repeat prescriptions, subject to blood tests being undertaken and shortly after our inspection we were sent evidence confirming that patients prescribed Methotrexate and Warfarin had been asked to undertake blood tests. We were also sent a copy of the provider's new high risk medicines protocol, copies of the significant events logs detailing

the steps taken to minimise the chance of reoccurrence and a spreadsheet which we were told confirmed that patients who had not had a blood test within the last 8-12 weeks had been contacted and either invited to attend the practice or asked to visit their hospital to obtain a blood test.

- The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Prescription pads were stored securely. We also noted the provider had acted on our 2016 report findings regarding the need to improve monitoring of prescription pads; and had introduced a system to monitor the number of prescription pad boxes on the premises at any given time.
- Patient Group Directions had been adopted by the practice to allow its nurse to administer medicines in line with legislation.

Monitoring risks to patients

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

- There was a health and safety policy available.
- The practice had an up to date fire risk assessment and carried out regular fire drills. There were designated fire marshals within the practice. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health. We noted that the provider had taken action following our September 2015 inspection and had undertaken a Legionella risk assessment (a term for a particular bacterium which can contaminate water systems in buildings).

Are services safe?

- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients.
- We noted that the practice had not risk assessed its decision to provide a stand-alone baby changing table as opposed to a wall mounted unit.

Arrangements to deal with emergencies and major incidents

The systems in place for responding to emergencies and major incidents were appropriate. When we inspected in September 2015, we noted that the practice was not recording expiry dates of emergency medicines. At this inspection we noted that there were appropriate arrangements in place for checking the expiry dates, functionality and availability of emergency medicines. For example:

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

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

- The practice had systems to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through clinical audit.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 96% of the total number of points available compared with the clinical commissioning group (CCG) average of 94% and national average of 95%.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/16 showed:

- Performance for diabetes related indicators was 89% which equalled the rounded CCG and national averages.
- Performance for mental health related indicators was 95% which was higher than the respective CCG and national averages of 91 and 93%.

There was evidence of quality improvement including clinical audit:

- There had been one clinical audit commenced in the last 12 months. This was a completed audit where the findings were used by the practice to improve services. In October 2015, the practice audited patients with atrial fibrillation (a heart condition which causes an irregular and often abnormally fast heart rate) to assess whether in accordance with NICE guidelines, they were being prescribed the appropriate anticoagulant blood thinning medication.

The first cycle of the audit highlighted that 50 (72%) of the 70 identified patients were being prescribed anticoagulant

medication. Following patients attending the practice to review their medication and discuss treatment options, a November 2016 reaudit highlighted that 58 (80%) of the 73 identified patients were being prescribed anticoagulant medication.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

We looked at the systems in place to ensure 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 intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.

Are services effective?

(for example, treatment is effective)

- From the patient records we reviewed, we found that the practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- However, records also highlighted concerns regarding the prescribing and monitoring of high risk medicines; specifically an absence of documented monitoring for a high risk medicine called Warfarin which requires close monitoring to ensure that the dosage is within the required therapeutic range.

We were told that monitoring took place at patients' respective hospitals but we did not see evidence of monitoring information in practice records. When we highlighted our concerns, immediate action was taken to ensure that systems, processes and practices for prescribing high risk medicines were appropriate to keep people safe.

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

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

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.

The practice's uptake for the cervical screening programme was 72%, which was comparable with the CCG average of 78% and the national average of 81%.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Latest available data showed that as of 1 January 2017, the practice had achieved the 90% national target for vaccines given to under two year olds and to five year olds.

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

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

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

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

All of the 20 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Comments also highlighted that staff responded compassionately when they needed help and provided support when required.

When we discussed how patients' dignity and respect were maintained, receptionists stressed the importance of treating each patient as an individual.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. Patient satisfaction scores regarding consultations with GPs and nurses were generally better than Clinical Commissioning Group (CCG) and national averages. For example:

- 95% of patients said the GP was good at listening to them compared with the national and clinical commissioning group (CCG) average of 89%.
- 91% of patients said the GP gave them enough time compared to the CCG average of 84% and the national average of 87%.
- 89% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 91% and the national average of 92%.

- 92% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 91% of patients said the nurse was good at listening to them compared with the CCG average of 87% and equalled the 91% national average
- 91% of patients said the nurse gave them enough time compared with the CCG average of 88% and the national average of 92%.
- 98% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 96% and the national average of 97%.
- 93% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 84% of patients said they found the receptionists at the practice helpful which equalled the CCG average and which was comparable to the 87% national average.

During our inspection we saw that a baby changing unit was located in a patient waiting area. We noted that this arrangement compromised patients' privacy and dignity.

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.

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 better than local and national averages. For example:

- 91% of patients said the last GP they saw was good at explaining tests and treatments which was comparable to the 85% average and the 86% national average.
- 87% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.

Are services caring?

- 95% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 85% and the national average of 90%.
- 87% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

Staff told us that interpreting services were available for patients who did not have English as a first language (including British Sign Language). We saw notices in the reception area informing patients this service was available.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations.

Information about support groups was also available on the practice website. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified approximately 2% of patients as carers. Written information was available to direct carers to the various avenues of support available to them. Older carers were offered timely and appropriate support.

A member of staff acted as a carers' champion to help ensure that the various services supporting carers were coordinated and effective.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice had reviewed the needs of its local population.

- The practice offered a, late evening 'Commuter's Clinics' and telephone consultations for working patients, carers and others who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- There were disabled facilities, a hearing loop and interpreting services available.
- The practice could accommodate gender specific GP consultation requests and requests to be seen in ground floor treatment rooms
- On line appointment booking and repeat prescription facilities were available.

Access to the service

- Monday-Friday (excluding Wednesday): 8:30am-6pm
- Wednesday: 8:30am – 12:30pm

Appointments are available at the following times:

- Monday-Friday (excluding Wednesday): 8:30am-12:30pm and 2:30pm – 6pm
- Wednesday: 8:30am – 12:30pm

The practice offers extended hours opening at the following times:

- Tuesday evenings: 6:30pm-8.20pm

Outside of these times, cover is provided by an out of hours provider.

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.

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

- 74% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 72% and the national average of 76%.
- 72% of patients said they could get through easily to the practice by phone which was comparable to the national average of 73%.
- 67% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the 72% CCG average and the 76% national average.
- 90% of patients said their last appointment was convenient which equalled the 90% CCG average and which was comparable to the 92% national average.
- 73% of patients described their experience of making an appointment as good compared with the 70% CCG and which equalled the rounded 73% national average.

When we looked at the practice's appointments system we noted that emergency appointments were available that day and that routine appointments were available within one week.

The practice had a system to assess:

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

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

For example, the home visit protocol entailed a receptionist noting the patient's contact details and reason for the home visit in a log book kept in reception. The GP responsible for the home visits that day would phone the patient prior to leaving to assess the level of urgency. This enabled an informed decision to be made on prioritisation, according to clinical need.

Listening and learning from concerns and complaints

We looked at the practice's systems for handling complaints and concerns.

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

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

- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system including posters, reception TV information, patient information leaflet and information on the practice website.

Records showed that the practice had received six complaints since July 2016. We looked at one of these complaints and found that it was satisfactorily handled and dealt with in a timely way.

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

We were told that the practice aimed to deliver the best possible individual and family health care. Staff were aware of this aim and understood their role in its delivery.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- An understanding of the performance of the practice was maintained. Practice meetings were held monthly which provided an opportunity for staff to learn about the performance of the practice.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints.

There were also appropriate arrangements for identifying, recording and managing the infection prevention and control (IPC) risks identified at our September 2015 inspection. However, at this inspection we identified concerns regarding the prescribing and monitoring of high risk medicines. We noted that the provider took prompt action to address our concerns including introducing a new protocol and logging the incident as a significant event so as to share learning and minimise chance of reoccurrence.

Leadership and culture

On the day of inspection the partners told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.

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

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

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

- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- 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.

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

The practice encouraged and valued feedback from patients and staff. It proactively sought feedback from:

- Patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the practice had acted on the group's suggestion to improve confidentiality and installed a repeat prescription post box adjacent to the reception desk.

Are services well-led?

Good 

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

- Complaints and compliments received.
- Staff 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. They told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

Staff used information to review performance and make improvements. For example, we noted that two cycle completed clinical audits were being used to drive quality improvement in areas such as atrial fibrillation.

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 12 HSCA (RA) Regulations 2014 Safe care and treatment
Maternity and midwifery services	Regulation 12 HSCA (RA) Regulations 2014
Surgical procedures	Safe care and treatment
Treatment of disease, disorder or injury	How the regulation was not being met: The provider did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users by: <ul style="list-style-type: none">Failing to ensure that there were appropriate systems in place for the safe monitoring and prescribing of high risk medicines. This was in breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.