

# The Edmonton Medical Practice

## 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	Requires improvement	
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?	Requires improvement	

# 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 Edmonton Medical Practice on 17 December 2015. Overall the practice is rated as requires improvement.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses.
- Not all staff had received mandatory training in safeguarding and infection control.
- Data showed patient outcomes were average for the locality. Clinical audits had been carried out, and we saw evidence that audits were driving improvement in performance to improve patient outcomes.
- Patients said they were treated with compassion, dignity and respect.
- Urgent appointments were usually available on the day they were requested.

- The practice had a number of policies and procedures to govern activity; however policies were out of date (including child protection (2010) and vulnerable adults (2008), safety checks were not carried out in accordance with the policy and patient specific directions were in need of renewal.
- The practice had sought feedback from patients and had an active patient participation group.

The areas where the provider must make improvements are:

- Ensure that staff receive appropriate training for their role, including safeguarding and infection control training.
- Ensure pre-employment checks are carried out for staff.
- Ensure portable electrical equipment is tested and appropriately maintained.

In addition the provider should:

# Summary of findings

- Update practice policies to ensure key information is up to date, for example the contact details of external safeguarding teams.
- Implement cleaning schedules to monitor cleaning standards and ensure an action plan is followed following the recent infection control audit.
- Ensure all Patient specific directions are up to date.
- Review the level of risk that staff undertake and apply for Disclosure and Barring Service (DBS) checks as appropriate.
- Develop online services to improve access for patients.
- Provide a defibrillator or ensure a risk assessment has been undertaken to address the reasons for not providing one.

**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.

- 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 are unintended or unexpected safety incidents, people receive reasonable support, truthful information, a verbal and written apology and are told about any actions to improve processes to prevent the same thing happening again.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. For example, the practice had undertaken an infection control audit but no action plan had been implemented. Portable electrical equipment had not been tested to ensure it was safe for use.
- The practice had adopted Patient Group Directions to allow nurses to administer medicines in line with legislation. However, these were out of date.
- Staff had not received appropriate training including chaperone, infection control, safeguarding and child protection.

**Requires improvement**



### Are services effective?

The practice is rated as good for providing effective services.

- Data showed patient outcomes were at or above average for the locality. For those below average, the practice were aware and addressing the issues. .
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits were undertaken to facilitate quality improvement.
- There was evidence of appraisals for all staff.

Staff worked informally with multidisciplinary teams. Minutes of meetings were not kept except for meetings with the palliative care team.

**Good**



### Are services caring?

The practice is rated as good for providing caring services.

**Good**



# Summary of findings

- 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.
- 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.

Good



- The practice assessed the needs of its patients and provided services to fit those needs.
- 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.

## Are services well-led?

The practice is rated as requires improvement for being well-led.

Requires improvement



- It 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 this. However some areas of governance was weak due to the size of the staffing team and the individual responsibilities undertaken.
- Although staff kept up to date individually with current guidance, this was not shared within the staff team.
- There was a documented leadership structure and staff felt supported by management.
- The practice had a number of policies and procedures to govern activity. However these policies were out of date and in need of renewal.
- The practice did not have an effective system in place to provide staff training.
- The practice proactively sought feedback from patients and had an active patient participation group (PPG).

# Summary of findings

- All staff had received inductions and regular performance reviews. Staff attended regular staff meetings. However some areas of governance including infection control and safeguarding was absent from the induction process.

# 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 provider was rated as requires improvement for providing safe and well-led services and good for effective, caring and responsive services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

The practice is rated as requires improvement 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.
- All patients over 75 had a named GP.

The practice offered annual check-ups for older people, including patients up to the age of 74 with no chronic disease as an effective preventative tool.

**Requires improvement**



### People with long term conditions

The provider was rated as requires improvement for providing safe and well-led services and good for effective, caring and responsive services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

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

- The GP ran a weekly chronic disease management clinic to provide monitoring and weekly support to patients at risk of hospital admittance.
- Fifty-one percent of patients with diabetes had had an annual influenza immunisation which was lower than the national average of 60%.
- 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 GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

**Requires improvement**



# Summary of findings

## Families, children and young people

The provider was rated as requires improvement for providing safe and well-led services and good for effective, caring and responsive services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

The practice is rated as requires improvement 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.
- The practice had lower than average results for cervical screening and no evidence was provided of action being taken.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice undertook joint working with health visitors.

Requires improvement



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

The provider was rated as requires improvement for providing safe and well-led services and good for effective, caring and responsive services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

The practice is rated as requires improvement 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. Appropriate services were offered for this group.
- A full range of health promotion and screening that reflected the needs for this age group.

Requires improvement



## People whose circumstances may make them vulnerable

The provider was rated as requires improvement for providing safe and well-led services and good for effective, caring and responsive services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

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

Requires improvement





# Summary of findings

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- It offered longer appointments for people with a learning disability.
- It had told vulnerable patients about how to access various support groups and voluntary organisations.
- Non-clinical staff had not undertaken safeguarding training.
- The practice had not provided training for staff on the practice chaperone list.
- Non-clinical staff had not received a Disclosure and Barring Service (DBS) check. A risk assessment to address the level of risk was not carried out.

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

The provider was rated as requires improvement for providing safe and well-led services and good for effective, caring and responsive services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

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

- The practice worked informally with multi-disciplinary teams in the case management of people.
- 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. Most staff had received training on how to care for people with mental health needs.

**Requires improvement**



# Summary of findings

## What people who use the service say

The latest national GP patient survey results was published on 2 July 2015. The results showed the practice was performing in line with local and national averages though some areas were below average. Three hundred and eighteen survey forms were distributed and 97 were returned.

- 60.8% found it easy to get through to this surgery by phone compared to a CCG average of 67.2% and a national average of 73.3%.
- 75.7% found the receptionists at this surgery helpful (CCG average 84.2%, national average 86.8%).
- 79.8% were able to get an appointment to see or speak to someone the last time they tried (CCG average 81.7%, national average 85.2%).
- 92.2% said the last appointment they got was convenient (CCG average 89.2%, national average 91.8%).

- 70.1% described their experience of making an appointment as good (CCG average 69.8%, national average 73.3%).
- 72.3% usually waited 15 minutes or less after their appointment time to be seen (CCG average 55.5%, national average 64.8%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 11 comment cards which were all positive about the standard of care received. Patients said that they were happy with the service provided and that staff were helpful and polite and the GPs were very thorough.

We spoke with three patients during the inspection. All patients we spoke with said that they were happy with the care they received and thought that staff were approachable, committed and caring.

## Areas for improvement

### Action the service **MUST** take to improve

- Ensure that staff receive appropriate training for their role, including safeguarding and infection control training.
- Ensure pre-employment checks are carried out for staff.
- Ensure portable electrical equipment is tested and appropriately maintained.

### Action the service **SHOULD** take to improve

- Update practice policies to ensure key information is up to date, for example the contact details of external safeguarding teams.

- Implement cleaning schedules to monitor cleaning standards and ensure an action plan is followed following the recent infection control audit.
- Ensure all Patient specific directions are up to date.
- Review the level of risk that staff undertake and apply for Disclosure and Barring Service (DBS) checks as appropriate.
- Develop online services to improve access for patients.
- Provide a defibrillator or ensure a risk assessment has been undertaken to address the reasons for not providing one.

# The Edmonton Medical 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 advisor and a practice nurse specialist advisor. The specialist advisors were given the same authority to enter the Edmonton Medical Practice as the lead inspector.

## Background to The Edmonton Medical Practice

The Edmonton Medical Centre is a practice located in the London Borough of Enfield. The practice is part of the NHS Enfield Clinical Commissioning Group (CCG) which is made up of 50 practices. It currently holds a Personal Medical Service (PMS) contract (a contract between NHS England and general practices for delivering general medical services and is the commonest form of GP contract) to approximately 4,200 patients. The practice serves a diverse population with many patients attending or whom English is not their first language. The practice has a mixed patient population age demographic with 43% under the age of 18 and 17% over the age of 65.

The Edmonton Medical Centre is situated within a purpose built two storey building. Consulting rooms are situated on the ground level of the building and office space on the first floor. All patient services were available on the ground floor. There is currently one full time GP (male) who undertakes 10 sessions per week, two permanent locum GPs (one male and one female) who carry out five sessions

per week and five GP registrars (three female and two male) who carry out five sessions per week offering a total of 20 sessions a week. Practice staff also included a female practice nurse, female healthcare assistant, a practice manager and reception staff.

The practice is open between 8am and 6.30pm Monday to Friday. Appointments are from 8.30am to 11.30am every morning and 3.30pm to 5.30pm daily. Extended hours surgeries are offered on a Tuesday between 6.30pm and 8.30pm. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments are also available for people that needed them. The GP conducted telephone consultations at the end of both morning and afternoon sessions. The practice opted out of providing an out of hours service and refers patients to the local out of hours service or the '111' service.

The service is registered with the Care Quality Commission to provide the regulated activities of diagnostic and screening procedures and the treatment of disease, disorder or injury.

The practice provides a range of services including child health and immunisation, minor illness clinic, smoking cessation clinics and clinics for patients with long term conditions. The practice also provides health advice and blood pressure monitoring.

## 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. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The practice had not previously been inspected.

## How we carried out this inspection

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 17 December 2015. During our visit we:

- Spoke with a range of staff (clinical and administrative) and spoke with patients who used the service.
- Observed how people were being cared for and talked with carers and/or family members
- Reviewed the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

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

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

We also looked at how well services 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)

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

# Are services safe?

## Our findings

### Safe track record and learning

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

- Staff told us they would write any incidents in the significant events book held in reception and then inform the practice manager or GP of any incidents for follow up.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports national patient safety alerts 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, an incident occurred where a patient, who was currently taking regular medicines was prescribed a new medicine lorazepam. The pharmacist contacted the practice to ask if the new medicines should be added to the patient's dossett box as lorazepam was already present on another prescription for the patient. The action was taken to merge prescriptions and to provide further instructions regarding the administration of medicines. The event was discussed and the prescribing protocol was changed to ensure this did not occur again.

### Overview of safety systems and processes

The practice had systems, processes and practices in place to keep people safe and safeguarded from abuse; however some systems were in need of further development.

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements. However we found that the policies were out of date (vulnerable adults policy dated 2010 and the child protection policy was dated 2008) and not all staff were aware of where the policies were located. Up to date contact details were posted within consultation rooms. 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. GPs and the practice nurse had received child

protection training and were trained to Safeguarding level 3. However non-clinical staff had not received safeguarding or child protection training and could not demonstrate an understanding of their responsibilities.

- The practice had a chaperone policy. However this was not advertised in the waiting room advising patients of the service. The practice nurse and practice manager acted as chaperones No other members of staff undertook chaperone duties. The practice nurse had received chaperone training in a previous employment but the practice manager had not received any training. Chaperone training had been organised for January 2016. Both members of staff that acted as chaperones had received a disclosure and barring service check (DBS check). No further non-clinical members of staff had received a DBS check and a risk assessment to assess the level of risk had not been carried out.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy to a high standard. The practice used the services of a cleaning company but did not hold any cleaning schedules for the cleaning of rooms or equipment. The GP was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place however staff had not received up to date training. Annual infection control audits were undertaken. We viewed the latest assessment dated May 2015 but there was no evidence that action was taken to address any improvements identified as a result.
- 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. However signed and up to date Patient Group Directions were not on file; allowing nurses to administer medicines in line with legislation. The practice were made aware of this and assured us that these would be updated.
- We reviewed six personnel files and found that appropriate recruitment checks had not been

# Are services safe?

undertaken prior to employment. For example, no references were on file and some roles (including the practice manager position) did not have written job descriptions.

## Monitoring risks to patients

Risks to patients were assessed but not well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available on the shared computer drive, however there was no poster on display within the practice and not all staff were aware of how to locate the policy. The practice had up to date fire risk assessments and carried out regular fire drills. The practice had not undertaken checks of non-clinical electrical equipment since 2011. The practice had undertaken the calibration of medical equipment within the last 12 months. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control. The practice undertook legionella testing in 2014 and we were told that the practice was due to undertake a Legionella test in January 2016 (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

## Arrangements to deal with emergencies and major incidents

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

- There were panic buttons in the reception area, 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 oxygen with adult and children's masks. There was also a first aid kit and accident book available. The practice did not have a defibrillator and no risk assessment was present to assess the risk of not having one within the practice. We were told that the practice did not have one due to the close proximity of the local hospital.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. The practice had a system for checking the expiry dates for emergency medicines. 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 with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met 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 used the information collected for the Quality 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 95.9% of the total number of points available, with 15.7% exception reporting. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/2015 showed;

- Performance for diabetes related indicators was above the CCG and national average. The practice achieved 89.5% compared to the CCG average of 84.3% and the national average of 89.2%
- The percentage of patients with hypertension having regular blood pressure tests was the same as the national average of 83.6% and above the CCG average of 80.9%.
- Performance for mental health related indicators was above the CCG and national average. The practice achieved 96.2% compared to the CCG average of 89.9% and the national average of 92.8%
- Patients with dementia who received a face to face review was above the CCG and national average. The practice achieved 88.9% compared to the CCG average of 83.3% and the national average of 84%.

- Patients whose notes recorded a cervical screening was below the CCG and national average. The practice achieved 72.34% compared to the CCG average of 81.2% and the national average of 82.4%.

The practice was aware of below average performance and explained that there were past issues in recording of data which has been improved through the introduction of a new computer system, together with training for clinical staff on how to record data. The practice were unable to provide more recent data. The practice also explained that there were also issues in patients attending for cervical screening due to the culture of the patients within the area.

Clinical audits demonstrated quality improvement.

- There had been five clinical audits conducted in the last two years, three of these were completed two-cycle audits where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, an audit was undertaken in October 2014 into patients on high dose inhaled corticosteroid therapy (used in the treatment of asthma). The audit showed that of the 47 patients that had asthma, 25 were on the medication and 20 (80%) had received a medicines review. Two (8%) patients had been taken off the medicine following the review. The audit was repeated in October 2015. The audit showed that of the 60 patients registered with asthma, 25 were on the medication and 21 (84%) had received a medicines review. Two (6%) patients had been taken off the medicine following review. This showed that the practice were keeping in line with their own prescribing policy and that patients were being consistently reviewed to ensure unnecessary prescribing.

### 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 fire safety, health and safety and confidentiality. However safeguarding and infection



# Are services effective?

## (for example, treatment is effective)

control was not included in the induction. All staff were provided with a staff handbook prepared by an external company which provided details of the basic employment procedures to follow.

- Staff received appraisals and were supported through informal one to one meetings and monthly staff meetings. All staff had had an appraisal within the last 12 months.
- Staff received training that included fire procedures, basic life support and information governance awareness. However other areas of mandatory training was missing including safeguarding and infection control. The practice were in the process of providing online training for staff.

### Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring people to other services and when working with the local GP run joint extended hours service.

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 people moved between services, including when they were referred, or after they are discharged from hospital. We saw evidence that the practice engaged in multi-disciplinary team meetings, for example monthly palliative care. However the meetings took place when needed in an informal way with no minutes being kept

### 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, 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 identified patients who may be in need of extra support.

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.

The practice had a failsafe system for ensuring results were received for every sample sent as part of the cervical screening programme. The practice's uptake for the cervical screening programme was 72.34%, which was below the national average of 88.81%. The practice were aware of the low figure and the cultural difficulty of ensuring patients attend for this screening test. There was a policy to telephone patients who did not attend for their cervical screening test to encourage them to attend. 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 CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 20.9% to 85.9% (compared to the CCG average range of between 10.5% and 86.4%) and five year olds from 67.7% to 88.7% (compared to the CCG average range of between 66.1% and 86.3%). Flu vaccination rates for the over 65s were 67.1%, and at risk groups 51.07%. These were below the national averages of 72.5% for patients over 65 and 60.58% for patients in the at risk groups.

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



# Are services effective?

(for example, treatment is effective)

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

# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

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 11 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 three 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 most of the satisfaction scores on consultations with doctors and nurses. For example:

- 92.1% said the GP was good at listening to them compared to the CCG average of 84.8% and national average of 88.6%.
- 92% said the GP gave them enough time (CCG average 82.2%, national average 86.6%).
- 98.5% said they had confidence and trust in the last GP they saw (CCG average 93.2%, national average 95.2%)
- 86.3% said the last GP they spoke to was good at treating them with care and concern (CCG average 80.2%, national average 85.1%).

- 89.3% said the last nurse they spoke to was good at treating them with care and concern (CCG average 85.1%, national average 90.4%).
- 75.5% said they found the receptionists at the practice helpful (CCG average 84.2%, national average 86.8%)

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

Patients told us that 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 on 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 above local and national averages. For example:

- 93.4% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 81.7% and national average of 86%.
- 83.7% said the last GP they saw was good at involving them in decisions about their care (CCG average 76.6%, national average 81.4%)

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

### 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 identified 15.7% of the practice list as carers. Written information was available to direct carers to the various avenues of support available to them.

## Are services caring?

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs 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 offered a 'Commuter's Clinic' on a Tuesday evening until 8.30pm for working patients who could not attend during normal opening hours.
- The practice was involved in a local scheme where patients who may not be able to get an appointment on the day they call at the practice can receive an appointment at a local health centre. The system was set up to allow greater patient access within the local area.
- There were longer appointments available for people with a learning disability.
- Home visits were available for older patients / patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- There were disabled facilities and translation services available.
- The practice worked with the community matron, occupational therapists and social workers in the care of patients with long term conditions to try and reduce hospital admissions.
- Patients who frequently attend accident and emergency were able to walk in at any time and be seen by the GP.
- The practice worked with health visitors to support children under the age of five through weekly joint health clinics.
- Patients over the age of 75 or those with mental health or learning difficulties were provided with a named GP.
- The practice offered annual check-ups for older people and the GP ran a weekly chronic disease clinic to provide support and to avoid hospital admittance.
- All patients on the long term conditions register had received an annual review to check that their health and medicine needs were being met.
- The practice was developing online booking services.

### Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 8.30am to 11.30am every morning and 3.30pm to 5.30pm daily. Extended hours surgeries were offered on a Tuesday between 6.30pm and 8.30pm. 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. The GP conducted telephone consultations at the end of both morning and afternoon sessions. The practice were not currently offering online services but were in the process of developing these.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages. People told us on the day that they were able to get appointments when they needed them.

- 71.6% of patients were satisfied with the practice's opening hours compared to the CCG average of 74.3% and national average of 74.9%.
- 60.8% patients said they could get through easily to the surgery by phone (CCG average 67.2%, national average 73.3%).
- 70.1% patients described their experience of making an appointment as good (CCG average 69.8%, national average 73.3%).
- 72.3% patients said they usually waited 15 minutes or less after their appointment time (CCG average 55.5%, national average 64.8%).

### Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. A notice was on display in the reception area with complaints forms available from the receptionist.

We looked at five complaints received in the last 12 months and found that these were dealt with in a timely way as per the practice policy. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, ensuring that reception staff take more time with patients that do not have English as their first language.

# Are services well-led?

Requires improvement 

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

## Our findings

### Vision and strategy

The practice had a clear vision to deliver high quality care, promote good outcomes for patients and to treat all patients equally. This was discussed in team meetings and staff were aware of their part in this.

### Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. There was a clear staffing structure and that staff were aware of their own roles and responsibilities. However there were areas where the governance framework was in need of development.

- Practice specific policies were implemented and were available to all staff, however not all staff were aware of their location and some policies were in need of review. this included the practice vulnerable adults policy (2008) and child protection policy (2010)
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions; with the exception of those relating to staff pre-employment checks and the management of infection prevention and control risks
- We found that that the training system within the practice was ineffective.
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### Leadership, openness and transparency

The GP took the lead for nearly all aspects of the practice (excluding finance and human resources which were the responsibility of the practice manager) had the experience but sometimes not the capacity and capability to run the practice and ensure high quality care causing some administrative areas to be neglected. . The GP was visible in the practice and staff told us that the GP was approachable and always took the time to listen to all members of staff. The practice manager role was in need of development to ensure that more of the administrative side of the practice was shared.

The provider was aware of and complied with the requirements of the Duty of Candour. The GP encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents:

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

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

- Staff told us that the practice held regular team meetings. We were provided with copies of the monthly practice meeting.
- 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, particularly by the GP in the practice. All staff were involved in discussions about how to run and develop the practice, and the GP 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, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met on a regular basis. The PPG had recently re-started and was still in the development stage but had submitted proposals for improvements to the practice management team. For example, the PPG suggested that the practice opened on a Thursday afternoon to enable further access to the service which was implemented by the practice. The PPG were currently discussing the possibility of Saturday morning opening.
- The practice had also gathered feedback from staff through staff meetings and appraisals. Staff told us they would not hesitate to give feedback and discuss any

# Are services well-led?

Requires improvement 

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

concerns or issues with colleagues and management but were unable to provide any specific examples. Staff told us they felt involved and engaged to improve how the practice was run.

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 Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing  The practice did not have effective systems in place to provide training for staff. This included infection control and chaperone training.  We found that non-clinical staff lacked awareness of safeguarding issues and the practice had not provided training.  This was in breach of regulation 18(2)(a) of the Health and Social Care Act (RA) Regulations 2014
Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed  The practice did not have an adequate system for ensuring employment references were sought.  This was in breach of regulation 19(1) and (2) of the Health and Social Care Act (RA) Regulations 2014
Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

This section is primarily information for the provider

## Requirement notices

We found that the registered person had not ensured that all non-clinical portable electrical equipment such as computers, printers and portable heaters had been tested.

This was in breach of regulation 15(1)(e) of the Health and Social Care Act (RA) Regulations 2014