

# The Bacon Lane Surgery

## Quality Report

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

## Ratings

### Overall rating for this service

Good



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Bacon Lane Surgery on 29 September 2016.

Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events. However, the recording of significant event analysis (SEA) required improvement as we noted changes to practice as a result of SEAs were not documented in all cases .
- Risks to patients were assessed however they were not in all cases well managed. For example, those relating to general health and safety.
- 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 and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- The practice had a triage-led appointment system and some patients commented that they did not find it easy to get an appointment particularly with their preferred GP.
- The practice had adequate facilities and was equipped to treat patients and meet their needs however the practice was in need of an upgrade. The provider had applied for funding from the CCG to improve the premises and they were awaiting the decision.

# Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider must make improvement are:

- Ensure the recommendations from the fire risk assessment, health and safety audit, legionella risk assessment and the boiler inspection are implemented to mitigate risk to patients and staff.

In addition the provider should:

- Improve the documentation of significant event analysis (SEA) in particular changes to practice as a result of SEAs.

- Ensure fire drills are rehearsed and documented and fire alarms are checked regularly.
- Develop a health and safety policy specific to the practice.
- Ensure consent is documented in patient notes when carrying out joint injections.
- Ensure all the GPs are familiar with the Deprivation of Liberty Safeguards (DoLS).
- Continue to improve patient satisfaction with access to appointments, getting through to the practice by phone, access to a preferred GP and with the handling of repeat prescription requests.

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. However, the recording of significant event analysis (SEA) required improvement as we noted changes to practice as a result SEAs were not in all cases documented.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed however they were not in all cases well managed. For example, those relating to general health and safety.

Requires improvement



### Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the local and the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience 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



### 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 similar to others for most aspects of care.

Good



# Summary of findings

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example the practice engaged with the CCG to deliver multidisciplinary care management of complex patients and avoid re-admissions to hospital through 'Virtual Wards'. (Virtual Wards work just like a hospital ward with the same staffing, systems and daily routines, except the patients stay in their own homes throughout with an aim to prevent unnecessary hospital admissions).
- The practice had a triage-led appointment system and some patients did not find it easy to get an appointment particularly with their preferred GP.
- The practice had adequate facilities and was equipped to treat patients and meet their needs however the practice was in need of an upgrade. The provider had applied for funding from the CCG to improve the premises and they were awaiting the decision .
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff.

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 a number of policies and procedures to govern activity and held regular governance meetings.

Good



# Summary of findings

- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk. Although a number of risks relating to health and safety had not been addressed.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a focus on continuous learning and improvement at all levels.

# Summary of findings

## The six population groups and what we found

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

### Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice carried out care planning for older patients on the avoiding unplanned admissions to hospital register.

Good



### People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was 96% which was 9% above the CCG average and 7% above the national average. QOF exception reporting for diabetes indicators was low at 5% compared to the CCG average of 9% and the national average of 11%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



### Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were comparable to others 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.

Good



# Summary of findings

- The practice's uptake for the cervical screening programme was 75%, which was comparable to the CCG average of 77% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

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

Good



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

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

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

Good



## **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).

Good



# Summary of findings

- 94% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was comparable to the CCG average of 86% and the national average of 84%.
- 93% of patients with schizophrenia, bipolar affective disorder and other psychoses had had a comprehensive, agreed care plan documented in the record, in the preceding 12 months which was comparable to the CCG average 91% and the national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published on 7 July 2016. The results showed the practice was performing in line with or below local and national averages. Two hundred and eighty eight survey forms were distributed and 113 were returned. This represented 39% response rate and 1.2% of the practice's patient list.

- 56% of patients found it easy to get through to this practice by phone compared to the CCG average of 64% and the national average of 73%.
- 81% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 81% and the national average of 85%.
- 73% of patients described the overall experience of this GP practice as good compared to the CCG average of 79% and the national average of 85%.

- 59% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 73% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 26 comment cards 11 of which were all positive about the standard of care received. Fifteen comment cards contained negative comments. The common themes were:

- Difficulty get through to the practice by phone.
- Delays with repeat prescriptions.
- The triage system did not meet the needs of older people.
- Not being able to access a preferred GP.

We spoke with nine patients during the inspection who reiterated the concerns highlighted by the CQC comment cards.

## Areas for improvement

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

- Ensure the recommendations from the fire risk assessment, health and safety audit, legionella risk assessment and the boiler inspection are implemented to mitigate risk to patients and staff.

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

- Improve the documentation of significant event analysis (SEA) in particular changes to practice as a result of SEAs.
- Ensure fire drills are rehearsed and documented and fire alarms are checked regularly.

- Develop a health and safety policy specific to the practice.
- Ensure consent is documented in patient notes when carrying out joint injections.
- Ensure all the GPs are familiar with the Deprivation of Liberty Safeguards (DoLS).
- Continue to improve patient satisfaction with access to appointments, getting through to the practice by phone, access to a preferred GP and dealing with repeat prescription requests.

# The Bacon Lane Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, a practice manager specialist adviser and an Expert by Experience.

## Background to The Bacon Lane Surgery

The Bacon Lane Surgery is situated at 11 Bacon Lane, Edgware, Middlesex, HA8 5AT. The practice provides primary medical services through a General Medical Services (GMS) contract to approximately 9,055 patients living in the London Borough Harrow (GMS is one of the three contracting routes that have been available to enable the commissioning of primary medical services). The practice is part of the NHS Harrow Clinical Commissioning Group (CCG) which comprises 34 GP practices.

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

The practice team consists of three male GP partners, four female GP partners, a regular locum GP, a nurse practitioner, a practice nurse, a healthcare assistant, a clinical pharmacist and a practice manager supported by a team of reception / administration staff. The GPs provide a total of 44 clinical sessions. The practice is also a training practice with three GP registrars in post.

The ethnicity of the practice population is of mixed with a higher than average number of people of Asian origin.

There is a higher number of people between 25 and 39 years of age and people over 65 years of age. Life expectancy is 82 years for males and 85 years for females which is similar to national averages. The local area is the seventh less deprived in the London Borough of Harrow (people living in more deprived areas tend to have greater need for health services).

The practice's opening hours are 8:00am and 6:30pm Monday to Friday. Appointments are available throughout the opening hours. Extended hours appointments are offered on Tuesday evenings until 8:30pm and Thursday mornings from 7:30am.

Services provided include childhood immunisations, chronic disease management, minor surgery, spirometry, coil fitting and travel services. The practice also provides a nurse led minor illness clinic.

## Why we carried out this inspection

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.

# Detailed findings

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 29 September 2016.

During our visit we:

- Spoke with a range of staff (five GPs, the clinical pharmacist, the practice manager, the nurse prescriber, a healthcare assistant and three non-clinical staff) and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We were satisfied that the practice carried out a thorough analysis of the significant events. However, the recording of Significant event analysis (SEA) required improvement as we noted changes to practice as a result SEAs were not, in all cases, documented.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, one incident we reviewed was where the sending off of an urgent two week wait referral was delayed. The incident was discussed in a meeting and the procedure for dealing with urgent referrals was reviewed.

### Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always

provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3 and nurses to at least level 2.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse 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 and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. She received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Healthcare assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to

## Are services safe?

employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

### Monitoring risks to patients

Risks to patients were assessed however they were not well managed.

- There was a health and safety policy available however the policy was generic and it had not been personalised to the requirements of the practice.
- The practice had a fire risk assessment completed in May 2016 by a specialist company which detailed 21 recommendations. However, we found a significant number of the recommendations had not been implemented. We also found there were no records of recent fire drills and the fire alarm system was not been checked to ensure it was in good working order.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- The practice had a legionella risk assessment (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). However, there were no records to show that actions identified from the risk assessment were being carried out.
- A health and safety audit of the premises was carried out in June 2016 by a specialist company which identified 24 issues for action however a significant number of these had not been carried out including the servicing of the fire alarm system.

- A boiler inspection had been carried out in May 2016 by a professional company and it was deemed to be 'not to current standard'. However, no action had been taken by the practice to address this.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

### Arrangements to deal with emergencies and major incidents

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

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

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

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

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 99% of the total number of points available with exception reporting of 4% (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators was 96% which was 9% above the CCG average and 7% above the national average. Exception reporting for diabetes indicators was low at 5% compared to the CCG average of 9% and the national average of 11%.
- Performance for mental health related indicators was 100% which was 7% above the CCG and the national average. Exception reporting for mental health indicators was low at 5% compared to the CCG average of 10% and the national average of 11%.
- Performance for hypertension related indicators was 100% which was 4% above the CCG average and 2% above the national average. Exception reporting for hypertension indicators was low at 2% compared to the CCG average of 3% and the national average of 4%.

There was evidence of quality improvement including clinical audit.

- There had been two clinical audits completed in the last two years, one of these was a completed audit where the improvements made were implemented and monitored. The audit was carried out to identify patients with dementia who were being prescribed antipsychotic medicines (NICE guidelines on dementia advises against the use of any antipsychotics in people with dementia unless the person is severely distressed or there is an immediate risk of harm to themselves or others). The initial audit identified three patients with dementia on antipsychotic medicine which had in all cases been initiated in secondary care. As a result of the initial audit two of the three patients were successfully taken off their antipsychotic medicine. Changes proposed after the audit was to be more vigilant when prescribing antipsychotic medicines in patients with dementia and to ensure NICE guidance was adhered to. A re-audit showed that four out of eight patients with dementia were on antipsychotics however they had all been recently reviewed and prescribing was in accordance with NICE guidance.
- The practice participated in local audits, national benchmarking, accreditation, and peer review.

### Effective staffing

Staff had the skills, knowledge and experience 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.

# Are services effective?

## (for example, treatment is effective)

- 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. 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.
- Clinical staff had a range of specialisations for example there were GPs with Special Interests (GPwSI) in dermatology and cardiology. The GPs had interests in minor surgery, womens health, obesity and joint injections. The nurse practitioner specialised in minor illness and diabetes.

### Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. 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.

### 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.
- However, consent for joint injections was not being recorded in patients records by the GPs. We also found that not all the GPs were familiar with Deprivation of Liberty Safeguards DoLS) (DoLS relate to people who are placed in care homes or hospitals for their care or treatment and who lack mental capacity).

### Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- A dietician was available on the premises and smoking cessation advice was available from a local support group.

The practice's uptake for the cervical screening programme was 75%, which was comparable to the CCG average of 77% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 27% to 99% and five year olds from 21% to 94%.

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

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

There were no negative comments from the 26 patient Care Quality Commission comment cards we received in relation to the caring aspects of the service. Patients said that staff were helpful, caring and treated them with dignity and respect.

We spoke with three members of the patient participation group (PPG). 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 generally comparable to others for its satisfaction scores on consultations with GPs and nurses. For example:

- 90% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 81% of patients said the GP gave them enough time compared to the CCG average of 85% and the national average of 87%.
- 95% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 80% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 83% and the national average of 85%.

- 83% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 85% and the national average of 91%.
- 73% of patients said they found the receptionists at the practice helpful compared to the CCG average of 84% and the national average of 87%.

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

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

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

- 84% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and the national average of 86%.
- 87% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 79% and the national average of 82%.
- 82% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 79% and the national average of 85%.

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

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

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

## Are services caring?

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 340 patients as carers (4% of the practice list). Written information was available to direct carers to the various avenues of support available to them.

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

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example the practice engaged with the CCG to deliver multidisciplinary care management of complex patients and avoid re-admissions to hospital through 'Virtual Wards'. (Virtual Wards work just like a hospital ward with the same staffing, systems and daily routines, except the patients stay in their own homes throughout with an aim to prevent unnecessary hospital admissions).

- The practice offered a 'Commuter's Clinic' on a Tuesday evening until 8:30pm and Thursday morning from 7.30am for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.
- The practice had adequate facilities and was equipped to treat patients and meet their needs however the practice was in need of an upgrade. The lead GP told us they had applied for funding from the CCG to improve the premises and they were awaiting the outcome.

### Access to the service

The practice was open between 8:00am and 6:30pm Monday to Friday. Appointments were available throughout the opening hours. Extended hours appointments were offered on Tuesday evenings until 8:30pm and Thursday mornings from 7:30am. The practice had a triage-led appointment system in place whereby patients provided their details to the reception staff who would arrange a call back from a GP. Depending on the needs of patients this

would result in same day/pre-booked face to face appointments or telephone consultations, nurse/healthcare assistant appointments or advice/signposting to alternative services. The practice also operated a separate service with an on-call GP for patients requiring immediate access to a GP which bypassed the triage system.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was in line with or below local and national averages.

- 70% of patients were satisfied with the practice's opening hours compared to the CCG average of 73% and the national average of 76%.
- 56% of patients said they could get through easily to the practice by phone compared to the CCG average of 64% and the national average of 73%.
- 81% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 81% and the national average of 85%.
- 91% of patients said the last appointment they got was convenient compared to the CCG average of 87% and the national average of 92%.
- 51% usually wait 15 minutes or less after their appointment time to be seen compared to the CCG average of 53% and the national average of 65%.
- 32% of patients with a preferred GP usually got to see or speak to that GP compared to the CCG average of 49% and the national average of 59%.

Common themes from the CQC comment cards we received and patients we spoke with were:

- Difficulty get through to the practice by phone.
- Delays with repeat prescriptions.
- The triage system did not meet the needs of older people.
- Not being able to access a preferred GP.

We raised these points with the provider who told us that older patients in particular did not always understand how the triage system for booking appointments worked. To support patients to understand the triage system the practice had produced an information leaflet explaining how the triage system works which they felt would improve patient satisfaction. The practice also told us that delays with repeat prescriptions was being addressed by the

# Are services responsive to people's needs?

(for example, to feedback?)

clinical pharmacist who had been in post since August 2016. The practice had also installed two additional telephone lines to improve access to the practice by telephone. The practice explained that not being able to see a preferred GP was a trade off with the introduction of the triage-led appointment system which they felt had improved overall access to appointments.

## 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 including information on the practice website and in the patient information leaflet.

We looked at five complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken as a result to improve the quality of care. For example, one complaint we saw was where a patient was dissatisfied with the lack of the appointments for travel vaccinations with the practice nurse. The patient was sent a letter of apology outlining the protocol and procedure for the travel vaccination service at the practice and was offered an appointment prior to travel. Following the complaint the practice ensured more travel vaccination appointments were routinely available and information on the travel vaccination service was provided in the practice newsletter.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement and staff knew and understood the values.
- The practice had a strategy and supporting business plans which reflected the vision and values and were regularly monitored.

### Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- Clinical and internal audit was used to monitor quality and to make improvements.
- There were effective arrangements for identifying risks, however where risks had been identified, mitigating actions were not in all cases implemented. For example, those relating to general health and safety.

### Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with

patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

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

- 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, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

The practice had gathered 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. The PPG also produced a monthly newsletter available in the surgery and on the practice website. The PPG had worked with the practice to carry out annual patient surveys. The last survey highlighted that patients were dissatisfied with not being able to get through to the practice by phone and as a result two additional phone lines had been installed. Patient dissatisfaction with reception staff and the appointment system was also been addressed by providing staff with customer care training and providing an information leaflet clearly explaining the appointment system. The PPG was also involved in the on-going auditing of missed appointments with an aim of reducing the

# Are services well-led?

Good 

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

number. As a result of the auditing missed appointments had been reduced by 24% over a three month period. Text appointment reminders had also been implemented to facilitate further reductions.

The practice had gathered feedback from 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. Staff told us they felt involved and engaged to improve how the practice was run.

## **Continuous improvement**

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, the practice had participated in a practice pharmacist pilot scheme. The practice was also had a strong focus on education. The practice was an approved training practice for GP registrars with three of the GPs qualified as trainers. The practice also provided student nurse placements with the GPs involved in training nurses.

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 Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>How the regulation was not being met:</b></p> <p>The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users. They had failed to implement the recommendations of a fire risk assessment, health and safety audit, legionella risk assessment and a boiler inspection.</p> <p>This was in breach of regulation 12(1)( of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>