

The Village 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		Good	
Are services safe?		Good	
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 Village Practice on 8 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.
- Risks to patients were assessed and well managed.
- 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.
- The practice had not undertaken an infection control audit and we noted that the need to conduct regular audits was not mentioned in its infection control protocol. Shortly after our inspection, we were sent

confirming evidence that an infection control audit had taken place and that the protocol had been amended to include reference to the need to undertake regular annual infection control audits.

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had facilities that were equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

Summary of findings

The areas where the provider should make improvement are

- Ensure prescription pad numbers are logged to ensure that security is maintained and that there is an audit trail.

- Ensure all Patient Group Directions (PGDs) which allow practice nurses to legally administer medicines are personalised with the practice information.
- Undertake staff appraisals.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed. However the infection control policy was in need of revising to include the undertaking of an infection control audit.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- 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.
- The practice had not yet undertaken appraisals. However these were planned for December 2016.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed 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.

Summary of findings

- 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, ensuring the practice provided a patient centred service for the high percentage of patients with mental health concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs. However the waiting area was small and could become overcrowded. A quiet area was set aside for patients who found the main waiting area a challenge due to their mental health concerns. The practice had plans that were being implemented to change the layout of the premises in order to alleviate this problem.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

The practice is rated as good for being well-led.

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

Good



Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong 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.

Good



- 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 provided a full service to a local care home which included a weekly ward round.
- The practice was active in the “Coordinate My Care” initiative, which included multidisciplinary meetings and social prescribing.
- At the time of our inspection, the practice was undertaking a weekly clinic for all those patients over the age of 65 who had not been seen by a GP at the practice within the last two years.

People with long term conditions

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

Good



- 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 comparable to the CCG and national average. For example:
 - The percentage of patients in whom the last IFCC-HbA1c was 64 mmol/mol or less was 84% compared to the CCG average of 76% and the national average of 77%.
 - The percentage of patients in whom the last blood pressure reading measured 140/80 or less was 80% compared to the CCG average of 76% and the national average of 78%.
 - The percentage of patients with a record of a foot examination and risk classification was 97% compared to the CCG average of 88% and the national average of 88%.
- 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. This was organised by patients being called in for review in the month of their birth so that no patient was missed.

Summary of findings

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

Families, children and young people

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

- 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.
- The practice operated a watch list for children that they had concerns about.
- The practice had implemented a monthly children's multidisciplinary meeting with a social worker, health visitor and community children's nurse to discuss children on the safeguarding register and the practice's watch list.
- The practice ran a specialist clinic to undertake checks and support in regard to female genital mutilation (FGM).
- The children's community nurse ran a special clinic for children with asthma and eczema.
- 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's uptake for the cervical screening programme was 81%, which was comparable to the CCG average of 78% and the national average of 82%. Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Good



Working age people (including those recently retired and students)

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

- The needs of 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



Summary of findings

- The practice ran a daily quick access clinic each morning for patients who needed to be seen quickly.
- The practice ran a Saturday morning clinic for minor surgery and NHS health checks.

People whose circumstances may make them vulnerable

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

Good



- 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.

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



- Performance for mental health related indicators was comparable to the CCG and the national average. For example:
 - The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in their record was 93% compared to the CCG average of 89% and the national average of 88%.
 - The percentage of patients diagnosed with dementia whose care had been reviewed in a face to face review was 100% compared to the CCG average of 84% and the national average of 84%.
- 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.

Summary of findings

- 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.
- A quiet area was set aside for patients who found the main waiting area a challenge due to their mental health concerns.
- The practice provided an integrated mental health service which included a psychiatrist.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing in line with local and national averages. Four hundred and fourteen survey forms were distributed and 100 were returned. This represented 1% of the practice's patient list.

- 83% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 79% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 78% of patients described the overall experience of this GP practice as good compared to the national average of 85%.

- 75% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 20 comment cards which were all positive about the standard of care received. Patients commented that the staff were very friendly and feel involved in their care and treatment.

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

Areas for improvement

Action the service **SHOULD** take to improve

- Ensure prescription pad numbers are logged to ensure that security is maintained and that there is an audit trail.
- Ensure all Patient Group Directions (PGDs) which allow practice nurses to legally administer medicines are personalised with the practice information.
- Undertake staff appraisals.

The Village Practice

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to The Village Practice

The Village Practice is located in Islington, North London. The practice has a patient list of approximately 6980. Thirty six percent of patients are aged under 18 (compared to the national practice average of 15%) and 9% are 65 or older (compared to the national practice average of 17%). Forty seven percent of patients have a long-standing health condition.

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

The staff team comprises two male GP partners who both work six sessions a week, four female contracted GP's working between four and eight sessions each per week, a female salaried GP working six sessions per week. The practice offers a total of 36 clinical sessions per week. The practice also includes two female practice nurses (one working full time, the other working two days per week), two full time female healthcare assistants a practice manager, practice support manager and administrative staff. The Village Practice holds a General Medical Service (GMS) contract with NHS England.

The practice's opening hours are:

- Monday –Friday 8:30am-6:30pm
- Tuesday-Thursday 7:30am-8:30am (extended hours)

6:30pm-7:30pm (extended hours)

- Saturday (by appointment only) 9am-12:30pm

Appointments are available at the following times:

- GP daily clinics :8:30am-12:30pm and 2pm -6pm
- Nurse daily clinics: 8:30am-6pm
- Daily quick access clinic 08:30am - 1pm

In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments are also available for people that needed them.

Outside of these times, cover is provided by an out of hour's provider.

The practice is registered to provide the following regulated activities which we inspected: family planning, treatment of disease, disorder or injury; diagnostic and screening procedures, surgical procedures and maternity and midwifery services.

This practice has not previously been inspected.

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 8 October 2015. During our visit we:

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

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

- Is it safe?
- Is it effective?

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice.

For example, an incident occurred where a patient was aggressive to members of staff both in the waiting area and in the consultation room. The police were informed as part of the practice emergency procedure. The incident was captured on the practice CCTV cameras but it was difficult to retrieve the CCTV footage. Following the event, the issues were discussed and a manual of how to operate the CCTV system was produced.

Another incident was recorded where there was a delay in a patient receiving test results. When the incident was reviewed it was found that the patient had seen a number of GP's at the practice and that test results had not been followed up. The practice changed its policy to ensure that patients with long term conditions receive a named GP to manage their case and that procedures were changed to follow up any test results more efficiently.

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. A specific children's multidisciplinary team meeting took place on a monthly basis to monitor children and safeguarding concerns. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and nurses were trained to child protection or child safeguarding level 3. Administrative staff were trained to level 2. A notice in the waiting room advised patients that chaperones were available if required. All staff in the practice, including those who acted as chaperones had received a Disclosure and Barring Service (DBS) check. (DBS)
- 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. However the protocol did not include completing an infection control audit. This was highlighted to staff and the policy was changed. An annual infection control audit had not been recently undertaken (the latest available was dated 2014). However we received a copy of the updated infection control policy and a completed infection control audit following the inspection which included an action list for the practice to implement in order 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

Are services safe?

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 however there were no systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation, however, despite being appropriately signed; the details of the practice had not been entered on the form. Health Care 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 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 and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use (June 2016) and clinical equipment was checked to ensure it was working properly (June 2016). The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to

health. Legionella testing (Legionella is a term for a particular bacterium which can contaminate water systems in buildings) was last undertaken in August 2014 and a repeat test was booked for September 2016.

- 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

Effective needs assessment

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

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 99% of the total number of points available.

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 comparable to the CCG and national average. For example:
 - The percentage of patients in whom the last IFCC-HbA1c was 64 mmol/mol or less was 84% compared to the CCG average of 76% and the national average of 77%.
 - The percentage of patients in whom the last blood pressure reading measured 140/80 or less was 80% compared to the CCG average of 76% and the national average of 78%.
 - The percentage of patients with a record of a foot examination and risk classification was 97% compared to the CCG average of 88% and the national average of 88%.

- Performance for mental health related indicators was comparable to the CCG and the national average. For example:
 - The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in their record was 93% compared to the CCG average of 89% and the national average of 88%.
 - The percentage of patients diagnosed with dementia whose care had been reviewed in a face to face review was 100% compared to the CCG average of 84% and the national average of 84%.

There was evidence of quality improvement including clinical audit.

- There had been eight clinical audits completed in the last two years, two of these were completed two cycle audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example the practice audited the provision of appointments within the quick access appointments system to ensure they remained safe and effective. It was found that due to demand, the number of appointments per GP that was on duty for the quick access clinic would increase from six to nine appointments per day. The practice were monitoring this on a three monthly basis in order to ensure the correct number of appointments remained available.

Information about patients' outcomes was used to make improvements. The practice undertook an audit of their end of life care; looking at the number of deaths recorded whether they were on the palliative care register, and whether they should have been placed on the register. In October 2014 the practice recorded six deaths, of which one was on the palliative care register. Of the remaining five it was assessed that one other patient could have been on the palliative care register. Following the audit, the practice undertook a review of their procedures and raised awareness within the clinical team in regard to the correct use of the palliative care register in order to appropriately capture more patients who may be in need of this support.

Are services effective?

(for example, treatment is effective)

The practice repeated the audit in November 2015 and found that of the five recorded deaths, two were on the palliative care register and the remaining three could have been on the register. Staff told us that they recognised the improvement in recording and planned to repeat the audit in 2016 to drive further improvements.

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.
- Practice information was available to all new employees including locums through a web based database system. The system included basic practice information, locality demographic information and specific job role information. All of the practice policies and procedures were available on this system. The system was constantly updated as soon as any changes in practice were made.
- 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 both monthly practice meetings and a daily staff informal catch up meeting.
- The learning needs of staff were identified through a system of 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. A full staff appraisals programme was due to be undertaken in December 2016 as many of the staff had been in post for less than 12 months.

- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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.

The practice had implemented a monthly child safeguarding multidisciplinary team meeting with health visitors and other children's care professionals which discussed children where there were concerns.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

Are services effective?

(for example, treatment is effective)

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.
- Smoking cessation advice was available from a local support group.

The practice's uptake for the cervical screening programme was 81%, which was comparable to the CCG average of 78% and the national average of 74%. 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. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. 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.

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 94% to 100% (CCG average ranged from 94% to 99%) and five year olds from 98% to 98% (CCG average ranged of 91% to 97%).

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

The practice had developed a system of recall for long term conditions management based on the patient's month of birth. Each year the patient would be called into the practice within their birth month for a consultation. Within the consultation all health checks and routine tests are undertaken. This was particularly helpful to ensure that those patients with multiple conditions or with highly complex needs have a full check up at the same time.

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.
- A quiet waiting area was available for those with mental health concerns who found it difficult to wait within the small waiting area which was often crowded.
- Patients were informed if the GP or nurse was running late during a clinical session.

All of the 20 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. However concerns were raised over the size of the waiting area and the fact that it was often crowded. The practice were addressing these concerns through a redesign of the practice building which was due to commence shortly.

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 above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 89% of patients said the GP was good at listening to them compared to the CCG average of 86% and the national average of 89%.
- 90% of patients said the GP gave them enough time compared to the CCG average of 81% and the national average of 87%.
- 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and the national average of 95%.
- 88% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 82% and the national average of 85%.
- 95% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 84% and the national average of 91%.
- 87% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

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

- 89% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83% and the national average of 86%.
- 82% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 78% national average of 82%.

Are services caring?

- 90% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 77% 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

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 150 patients as carers (2% of the practice list). The practice was aware of the low number and was addressing the matter. New carers are being identified through the practice registration; however older ones were being missed. The practice was in the process of auditing their records to identify further carers in order to offer them support. At present the practice offered an annual health check and refer them to the local carer's hub which attends the practice on a weekly basis. 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. The practice undertook a population profile exercise and identified that the majority of patients were either of working age or with a mental health concern where they may need to see a GP quickly. To respond to this the practice developed a quick access clinic each morning where patients were guaranteed to see a GP that day if they were willing to wait. The practice also provided an integrated mental health service which included a psychiatrist.

- The practice offered 'ad hoc' Saturday surgeries for minor surgery and NHS health checks.
- 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.
- The practice holds weekly clinics where patients over the age of 65 can be invited to attend if they have not been seen by the practice in the last two years.
- The practice takes part in the coordinate my care programme and social prescribing. This includes regular multidisciplinary team meetings to ensure all care is taking place.
- A service is provided to a local care home which included a weekly ward round.
- Patients with long term conditions are proactively called into the practice in the month of their birth to undertake any appropriate tests and review medicines.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice undertakes regular children's multidisciplinary team meetings with social workers, health visitors and community children's nurse to discuss children on the practice's watch list.
- The practice ran a special clinic with the children's community nurse for children with asthma and eczema.
- The practice had a trained member of staff to educate and carry out female genital mutilation (FGM) checks in travel consultations.

- The practice ran a quick access clinic for patients who are working each day between 8:30am and 10am. This was to ensure patients were seen quickly.
- The waiting area was small and often overcrowded. The practice had plans in place to redesign the building to alleviate the issues that this caused. However a quiet area was available for patients with mental health concerns who found the main waiting area a challenge.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately/were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available.

Access to the service

The practice's opening hours were:

- Monday –Friday 8:30am-6:30pm
- Tuesday-Thursday 7:30am-8:30am (extended hours) 6:30pm-7:30pm (extended hours)
- Saturday (as needed) 9am-12:30pm

Appointments were available at the following times:

- GP daily clinics :8:30am-12:30pm and 2pm -6pm
- Nurse daily clinics: 8:30am-6pm
- Daily quick access clinic 8:30am - 1pm

In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments are also available for people that needed them.

Outside of these times, cover is provided by an out of hour's provider.

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.

- 77% of patients were satisfied with the practice's opening hours (compared to the CCG average of 70% and the national average of 78%).
- 83% of patients said they could get through easily to the practice by phone (compared to the CCG average of 76% and the national average of 73%).

People told us on the day of the inspection that they were able to get appointments when they needed them.

The practice had a system in place to assess:

Are services responsive to people's needs?

(for example, to feedback?)

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

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

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.

- We saw that information was available to help patients understand the complaints system. This included a poster within the practice, complaints leaflet and information on the practice website.

We looked at five complaints received in the last 12 months and found that they had been handled in a timely way and in line with the practice policy. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, following a complaint that a GP did not prescribe medicine X to a pregnant patient when asked, records showed that a letter had been sent, explaining the clinical rationale for this decision. The practice also produced a patient information leaflet to raise awareness regarding medicines which could not be prescribed during pregnancy.

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 which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

The practice had a 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.

- Practice specific policies were implemented and were available to all staff. However issues were found with the infection control policy and this was in need of review. The practice immediately undertook the review.
- A comprehensive understanding of the performance of the practice was maintained.
- Quality improvement including clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions with the exception of an infection control audit.

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. This included weekly staff and clinical meetings as well as daily informal coffee meetings where staff could talk about immediate issues of the day.
- 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 had recently formed and had only met together on two occasions. One area that the PPG had already had improved was the waiting area which included changing to more appropriate seating and developing a children's area. We also noted that the practice had acted on the PPG's request for a Saturday morning surgery.
- The practice had gathered feedback from staff through staff meetings and informal discussion. Staff told us they

Are services well-led?

Good 

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

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 development of the children's watch list and the implementation of the children's multi-disciplinary meetings.