

Enfield Island 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 Enfield Island Surgery on 20 July 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- Risks to patients were assessed and generally well managed; however, we found emergency medicines that were out of date and the practice did not have a working defibrillator.
- 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 generally 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 good facilities and was well 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.

The areas where the provider must make improvement are:

- Ensure all staff have a current Disclosure and Barring Service (DBS) certificate and where DBS checks are not completed, for risk assessment to be carried out to demonstrate how the risks of not having one will be mitigated.

Summary of findings

The areas where the provider should make improvements are:

- Improve waiting times for patients attending GP appointments.

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.

- Risks to patients were assessed and generally well managed; however, checks on emergency medicines and equipment were not effective as the practice had out of date emergency medicines and did not have a working defibrillator. The outside clinical waste was not stored securely at all times, it was only locked at night. The practice told us these issues were addressed after the inspection.
- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were generally comparable to the CCG 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 most 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 higher than others for some aspects of care.

Good



Summary of findings

- Patients said they were treated with compassion, dignity and respect and they were generally 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.
- 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 practice did not have a working defibrillator.
- 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.
- 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.

Good



Summary of findings

- The practice proactively sought feedback from staff and patients, which it acted on. The practice had a virtual patient participation group (PPG) which was active and was attempting to add to its membership. The practice held biannual PPG meetings at the practice which was agreed by PPG members.
- 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.
- Patients identified as at risk of hospital admission were provided with the practice bypass telephone number.
- The practice offered health checks to patients over 75.
- The practice contacted all patients after their discharge from hospital to address any concerns and assess if the patient needed GP involvement at that time.
- The practice maintained good communication with the palliative care team who contacted the doctors weekly to ensure that any patients were well supported in advance of the weekend.

Good



People with long term conditions

The practice is rated as requires improvement 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 generally lower than local clinical commissioning group (CCG) and the national average.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and were offered 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.
- Patients identified as at risk of hospital admission were provided with the practice bypass telephone number.

Requires improvement



Families, children and young people

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

Good



Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice was proactive in encouraging patients to take part in the cervical screening programme.
- 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 and health visitors.
- We saw that the practice involved voluntary support groups in cases of domestic abuse.

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.
- The practice encouraged its patients to attend national screening programmes for bowel and breast cancer.

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.

Good



Summary of findings

- 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).

- Performance for mental health related indicators was above the CCG and national average, however exception reporting rates were also higher than the local and national average.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- 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.

Good



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 generally performing in line with local and national averages, however some responses were below the CCG and national average. Three hundred and forty six survey forms were distributed and 109 were returned. This represented a response rate of 32% (3% of the practice population).

- 68% of patients found it easy to get through to this practice by phone compared to the CCG average of 67% and the national average of 73%.
- 85% of patients were able to see or speak to someone the last time they tried compared to the CCG average of 82% 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 80% and the national average of 85%.
- 63% of patients said they would recommend this practice to someone who has just moved to the local area compared to the CCG average of 72% and the national average of 78%.

The practice was aware of some dissatisfaction following responses to the GP survey and was in the process of conducting a survey to obtain feedback from patients to support the reduction of waiting time during GP appointments.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 28 comment cards, 19 were positive, a further seven included positive comments overall but also expressed concern about having to wait to see the doctor when they attended an appointment. Two comment cards were negative in respect of the waiting times. The majority of comments were positive about the standard of care received, indicated they were treated with dignity and respect and staff were helpful, caring and polite.

We spoke with four patients during the inspection. All four patients said they could generally get an appointment on the day if required. All four told us they were satisfied with the care they received and thought staff were approachable, committed and caring.

Enfield Island Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC Lead Inspector. The team included a GP specialist adviser and a practice manager specialist adviser.

Background to Enfield Island Surgery

Enfield Island Surgery is an established purpose built GP practice situated within the London Borough of Enfield which opened in 2000. The practice is part of NHS Enfield Clinical Commissioning Group (CCG) and has been accredited as a GP Training Practice.

The practice provides general primary medical services to approximately 4,000 patients living within its catchment area. The practice is located at Island Centre Way, Enfield, EN3 6GS with relatively good transport links by bus and rail services. The nearest train station is Enfield Lock and is accessible by bus routes 121 and 491.

The building has step free access and provides wheelchair access to the entrance of the building, reception and waiting area together with access to an accessible toilet. For people with a hearing impairment there is a signing service available but no induction loop. There is a range of parking available on site including disabled parking, parent & child parking and cycle racks.

The practice population is ethnically diverse and is identified as an area of deprivation (2nd most deprived decile). People living in more deprived areas tend to have a greater need for health services.

There is a significantly lower than average number of older patients in the age bands 65-85+ compared to the national average; however, there is a significantly higher than average number of patients under 18 years. The majority of patients are aged 0-44 with approximately 25% aged 45-90 years old. Additionally the percentage of patients with a long standing health condition is significantly less than both the CCG and National average.

The practice is registered with the Care Quality Commission to provide the regulated activities of diagnostic & screening procedures, surgical procedures, treatment of disease disorder or Injury and family planning. The practice holds a Personal Medical Services (PMS) contract with NHS England.

The practice team comprises of one female and one male GP partner, who collectively work a total of 16 clinical sessions per week, plus an additional session to cover the extended hours on a Tuesday. They are supported by one part time Practice Nurse who provides five sessions per week, one part time practice manager, one part time medical secretary and five part time reception staff.

The opening hours are 8am to 7pm Monday to Friday. Additionally there is an extended Tuesday evening surgery until 8pm which is for routine booked appointments. The surgery advises on its website that it may close, for training purposes, once a month on a Tuesday or Wednesday afternoon from 12.30pm

Consultation times in the morning are conducted by two GPs, one from 9.30am to 12.30pm and the other from 10.30am to 1.30pm Monday to Friday. Afternoon consultations are with two GPs from 3.30pm to 5.30pm. A later evening consultation is available on a Tuesday from 7pm to 8pm.

Enfield Island Surgery's out-of-hours services are accessed by calling the practice when it is closed and being

Detailed findings

automatically transferred to the locally agreed out of hours provider. This service is communicated in a recorded message on the practice telephone system, on the practice website and on the practice notice board.

The practice provides a full range of general medical services including chronic disease management, minor surgery, nurse/GP triage and NHS health checks. The practice also provides health promotion services including, cervical screening, childhood immunisations, antenatal clinic, contraception, family planning and mens health.

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.

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 20 July 2016. During our visit we:

- Spoke with a range of staff including GPs, the practice nurse, practice manager, reception staff and spoke with patients who used the service.

- Observed how patients were being cared for in the reception area 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 following an infection control audit, the outcome of this was discussed and the required action agreed. In addition it was agreed that all staff were to attend an infection control course.

Overview of safety systems and processes

The practice generally 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. All clinical staff were trained to child safeguarding level 3 and non-clinical staff were trained to Level 2 or Level 3.

- A notice in the waiting room advised patients that chaperones were available if required. All staff that acted as chaperones were trained for the role and had or were in the process of receiving 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 manager and a GP were the infection control leads, supported by the practice nurse 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. We did find the outside clinical waste storage was locked at night but not secure during the day. The practice informed us after the inspection this had been changed to be locked at all times.
- 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. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment).
- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of

Are services safe?

identification, references, qualifications, registration with the appropriate professional body. We saw that the appropriate checks through the Disclosure and Barring Service (DBS) were being progressed, for staff that had completed chaperone training and those where a DBS check had been undertaken for a previous employer in the last year.

Monitoring risks to patients

Risks to patients were assessed and generally 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 appropriate health and safety risk assessments in place. We saw that they carried out regular fire drills and checks. 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 other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure 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, although some of these were out of date and one was unavailable.
- The practice had a defibrillator available on the premises, however the battery was discharged and the practice told us they were going to decommission it. There was no risk assessment regarding this decision. After the inspection the practice informed us they had purchased a new defibrillator. Oxygen with adult and children's masks were available and regularly monitored. 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. Most of the medicines we checked were in date and stored securely, with the exception of a ventolin inhaler and crystapen (a medicine to treat meningitis.) We saw that the practice did not have a supply of atropine on the premises, although the practice advised us on the day that they would take appropriate action to resolve this. The practice told us after the inspection they had put a system to check these medicines on a monthly basis.
- 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 for the practice was 91% of the total number of points available, compared to the CCG average of 92% and the national average of 95%.

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 generally lower than the CCG and national average in this area. For example:

- 67% of patients last IFCC-HbA1c (a specific blood glucose level test) measured 64 mmol/mol or less (CCG 74%, national 77%) 20 of 138 patients exception reported, 14%, above the CCG average 8% and national average 12%.
- 58% of patients last blood pressure reading measured 140/80mmHg or less (CCG 75%, national 78%).
- 100% of 130 patients had been given an influenza vaccine which was above the CCG average of 92% and national average of 94%, however the exception reporting was 36 out of 138 patients, 26%, above the CCG average 16% and national average 18%.
- 63% of patients total cholesterol measured 5 mmol/l or less (CCG 79%, national 81%).

- 74% of patients had a record of a foot examination and risk classification (CCG 86%, national 88%).

Performance for mental health related indicators was above the CCG and national average, however exception reporting rates were also higher than the local and national average. For example:

- 100% of 28 patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in their record (CCG 88%, national 88%). The exception reporting rate for this indicator was 24% (CCG 6%, national 13%).
- 100% of 28 patients with schizophrenia, bipolar affective disorder and other psychoses had their alcohol consumption recorded (CCG 90%, national 90%). The exception reporting rate for this indicator was 14% (CCG 4%, national 10%).
- 100% of four patients diagnosed with dementia had a face to face care review (CCG 87%, national 84%). The exception reporting rate for this indicator was 50% (CCG 4%, national 8%).
- 96% of patients with physical and/or mental health conditions had their smoking status recorded, compared to the local average of 94% and the national average of 95%.

There was evidence of quality improvement including clinical audit.

- There had been four clinical audits carried out in the last two years, two of these were completed audits where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, following a review of NICE guidelines an audit was implemented in March 2015 to evaluate the use of clopidogrel (a medicine used to reduce the risk of heart disease and stroke in those at high risk) and the contra-indicated use of some medicines that impact on the effectiveness of clopidogrel. The initial audit identified that 12.5% of patients using clopidogrel were also in receipt of the contra-indicated medicines. As a consequence the GP's and practice nurse discussed the results and findings and agreed that all their patients on clopidogrel and the contra-indicated medicines should be reviewed with the aim to achieve 100% compliance. A repeat audit was conducted in March 2016 which

Are services effective?

(for example, treatment is effective)

identified an achievement of 100%. The audit resulted in a change of practice and patients on clopidogrel who required gastroprotection were no longer prescribed the contra-indicated medicines.

- The practice participated in local audits, national benchmarking 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. The nurse kept up to date with developments by reading articles/guidelines, research and attending locality practice nurse meetings as part of her continuous professional development and was supported by the practice by the use of protected time.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. We saw that there was regular clinical meetings, full staff meetings and associated minutes but meetings for reception staff were generally more informal. 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. Most staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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. Patients were referred to support groups, such as carers support, domestic abuse and mental health counselling, according to their 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.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

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

Are services effective?

(for example, treatment is effective)

- 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 and those experiencing mental health issues were signposted to the relevant service.
- Smoking cessation advice was available from the practice nurse as well as a weight monitoring clinic.

The practice's uptake for the cervical screening programme was 74% which was below the CCG average of 81% and the national average of 82%. However, there was a policy to offer telephone reminders for patients who did not attend for their cervical screening test to improve on these results. 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. For example: 72% of female patients aged 50 to 70 had been screened for breast cancer in the last 36 months which was comparable to the CCG average of 69% and the same as the national average 72% and 48% of patients aged 60-69 had been screened for bowel cancer in the last 36 months compared to 53% CCG and 58% national.

Childhood immunisation rates for the vaccinations given were comparable to or higher than the CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 86% to 96% and five year olds from 69% to 95%.

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 and those over 85. 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.

Most of the 28 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect.

We were unable to speak to members of the patient participation group (PPG) on the day of our visit. However, we reviewed notes from PPG meetings and found that the practice was regularly attempting to engage and actively encourage patients to participate in this group. 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 generally felt they were treated with compassion, dignity and respect. The practice was generally below the local CCG and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 79% of patients said the GP was good at listening to them compared to the CCG average of 85% and the national average of 89%.
- 77% of patients said the GP gave them enough time compared to the CCG average of 82% and the national average of 87%.
- 90% 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%.

- 75% 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%.
- 76% 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%.
- 81% 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 generally 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 generally responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were generally comparable with the exception of those relating to GPs to the CCG average but some were below both the CCG and national averages. For example:

- 76% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 82% and the national average of 86%.
- 68% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 77% and the national average of 82%.
- 76% 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 and also on the practice website.

Are services caring?

- Information leaflets were available in easy read format.
- Comment and suggestion boxes were available for patient comment and leaflets and notices were available to encourage patients to participate in the PPG.

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 79 carers, which was 2% of the practice list. The practice used the carers register to identify carers and direct them to relevant support groups. They were also aware of the need to support carers health needs and offered annual influenza vaccinations. 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. 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 a mental health counselling service had been commissioned and a weekly clinic was held at the practice.

- The practice offered an extended hours clinic on a Tuesday evening until 8pm for 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 not able to receive travel vaccinations at the practice but were referred to other clinics for this service in relation to both NHS and private vaccinations.
- The premises were accessible and translation services were available at the practice.
- The practice were able to provide a signing service for deaf and hearing impaired patients but a hearing loop was not available.
- The practice offered the fitting and removal of long term contraception devices.
- The practice liaised with the mental health link workers and other professionals to aid the management of those with mental health needs and those with chronic illnesses. In addition the practice worked with a local drug and alcohol support service and provided a weekly clinic at the surgery.
- The practice offered a range of online services, which included; appointment bookings and repeat prescription requests.

Access to the service

The practice was open between 8am and 7pm Monday to Friday. Appointments were available from 9.30am to 1.30pm every morning and 3.30pm to 5.30 daily. Extended hours appointments were offered 7pm to 8pm on a

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

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

- 68% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and the national average of 76%.
- 68% of patients said they could get through easily to the practice by phone compared to the CCG average of 67% 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:

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

The practice operated a call back system with the GP telephoning the patient or carer in advance to gather information to allow for an informed decision to be made on prioritisation according to clinical need. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

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, posters were displayed and a summary leaflet was available in reception. This included guidance in relation to third party consent.

We looked at six complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way with openness and transparency in dealing

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

with the complaints. Lessons were learnt from individual concerns and complaints and action was taken to as a result to improve the quality of care. For example, a patient complained that they were unhappy about being unable to get an appointment, they agreed to a telephone consultation, following which the GP assessed that they needed to attend the surgery. The patient was then

unhappy about having to wait to see the GP, although they were advised that the doctor had agreed to fit them in as no appointments were available. Following the complaint it was agreed that reception staff need to advise patients that they may have to wait to see a GP if they were fitted in without an appointment.

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 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.
- An understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions, although this was not always consistent.

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 twice yearly and submitted proposals for improvements to the practice management team. For example, it was identified that a support rail would benefit patients in the corridor leading to the nurses offices which the practice agreed to and implemented.
- The practice had gathered feedback from staff generally 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.

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	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment <ul style="list-style-type: none">• The provider did not have in place arrangements to make sure emergency equipment was properly maintained and checked for functionality.• The provider did not have suitable arrangements in place to ensure DBS checks or risk assessments to determine why these were not required before new staff started work at the practice. This was in breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.