

# The Ecclesbourne Practice

## Quality Report

1 Warwick Terrace,  
Lea Bridge Road,  
Leyton,  
London. E17 9DP  
Tel: 0208 539 2077  
Website: [www.ecclesbourneandrodingvalley.nhs.uk](http://www.ecclesbourneandrodingvalley.nhs.uk)

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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 Ecclesbourne Practice on 13 January 2017. 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 generally 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.
- 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 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 should make improvements are:

- Review arrangements for patients with learning disabilities annual health care checks.
- Implement effective systems for checking contents of the first aid kit, and premises fixed wiring and maintaining non-clinical staff pre-employment reference checks.

# Summary of findings

**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.

- 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 generally assessed and well managed with the exception of no evidence of reference checks for non-clinical staff, out of date first aid kit contents and overdue premises fixed wiring safety checks.

Good



### 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 comparable to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- There was evidence of appraisals and staff personal development plans.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- 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 comparable to others for 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.

Good



# 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 (CCG) to secure improvements to services where these were identified. For example, it had a clinician specially trained to assess patients and initiate insulin (an injectable medicine for people with diabetes) if needed and ran fortnightly diabetes management clinics.
- 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.
- 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.
- The practice had a website and offered online appointment booking and prescription requests through the online national patient access system.

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.
- There was no written overarching list of roles and responsibilities but staff were clear about their responsibilities which supported the delivery of the strategy and good quality care. All staff felt supported by management.
- Arrangements were generally in place to monitor and improve quality and identify risk.
- The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- 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 sought feedback from staff and patients, which it acted on. The patient participation group was active.

Good



# 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 percentage of patients with atrial fibrillation with a record of a CHA2DS2-VASc score of two or more who are currently treated with anti-coagulation drug therapy was 78% compared to 87% nationally. (CHA2DS2-VASc is a clinical prediction rule for estimating the risk of stroke in patients with non-rheumatic atrial fibrillation, a common heart condition).
- The practice actively participated in the Integrated Care Management Team led by a community matron which provided additional support and care for elderly housebound patients and offered home visits for housebound patients and for flu vaccination.

### 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 similar to national averages. For example, the percentage of patients with diabetes, on the register, in whom the last IFCC HbA1c (blood sugar level) was 64 mmol/mol or less in the preceding 12 months was 67%, compared with the national average of 78%.
- The percentage of patients with hypertension having regular blood pressure tests was 84%, which is similar to national average of 83%.
- Longer appointments and home visits were available when needed.
- Patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

# Summary of findings

## Families, children and young people

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

Good



- 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.
- 82% of patients diagnosed with asthma, on the register had an asthma review in the last 12 months compared to 76% nationally.
- Childhood immunisation rates for under two year olds ranged between 70% and 82%, (the national expected coverage of vaccinations is 90%); and the Measles, Mumps and Rubella (MMR) vaccine for five year olds was 87% for Dose 1 compared to 94% nationally; and 76% for Dose 2 compared to 88% nationally. However, more recent data showed the practice was on track to meet performance targets.
- 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 the same as the national average.
- 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.

## 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).

Good



- 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 had online appointment booking and prescription requests.
- The practice offered 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.

# Summary of findings

- The practice provided extended hours and telephone consultations with clinicians were available to meet the needs of this population group.

## People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice had 25 patients on the register with a learning disability, only 11 (52%) of these patients had received an annual health check in the last 12 months. It had planned to undertake all remaining health checks on 8 February 2017.
- 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.
- The practice ran a weekly shared care drugs clinic for drugs misusing patients within and outside the practice.

Good



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

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

- 77% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was comparable to national average of 84%
- The practice had identified 123 patients on its register with a mental health condition, 90% of these patients had received an annual health check in the last 12 months.
- 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.

Good



# Summary of findings

- The practice told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

# Summary of findings

## What people who use the service say

### What people who use the practice 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. Two hundred and eighty two forms were distributed and one hundred and seven were returned. This represented 1% of the practice's patient list.

- 61% were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 67% and the national average of 76%.
- 79% described the overall experience of their GP surgery as fairly good or very good compared to the CCG average of 75% and the national average of 85%.

- 74% said they would recommend their GP surgery to someone who has just moved to the local area compared to the CCG average of 68% and the national average of 80%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 33 comment cards which were all positive about the standard of care received. Patients said staff were kind and helpful.

We spoke with three patients during the inspection, all said they were satisfied with the care they received and thought staff were approachable, committed and caring. The practice friends and family test patient's satisfaction scores showed 83% said they would recommend the surgery.

# The Ecclesbourne Practice

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a lead CQC inspector and included a GP specialist adviser and a practice manager specialist adviser.

## Background to The Ecclesbourne Practice

The Ecclesbourne Practice is situated within the Waltham Forest Clinical Commissioning Group (CCG). The practice provides services under a Personal Medical Services (PMS) contract to a joint list of approximately 9,450 patients in partnership with the Roding Valley Medical Centre, 178 Snakes Lane, Woodford Green, Essex, IG8 7JQ. Approximately 3,400 of the total list size is registered at the Ecclesbourne Practice. The practice provides a full range of enhanced services including, child and travel vaccines and minor surgery. It is registered with the Care Quality Commission to carry on the regulated activities of maternity and midwifery services, family planning services, treatment of disease, disorder or injury, surgical procedures and diagnostic and screening procedures.

The staff team at the practice includes four GP partners, three male and one female working a total of 24 sessions per week, a long term locum male GP working eight sessions per week, two male GP registrars working a total of 14 sessions per week, two female practice nurses working 18 and 27 hours per week, a female health care assistant working 34.5 hours per week, two full time a practice managers working 40hrs per week, a team of reception and

administrative staff working a mixture of part time hours, and three apprentices working full time. The practice provides teaching for medical students and training for qualified GP registrars.

The practices' opening hours are 8.30am to 1.00pm and 2.00pm to 6.30pm every weekday except Wednesday when it closes at 1.00pm. GP appointments run throughout these periods and its doors and telephone lines remain open. Appointments include home visits, telephone consultations including during lunch time periods, and online pre-bookable appointments. Urgent appointments are available for patients who need them. The practice provides extended hours on Monday and Tuesday from 6.30pm to 8.00pm, 7.30am to 8.30am on Wednesday, and 7.00am to 8.30am on Thursday. Patients telephoning when the practice is closed are transferred automatically to the local out-of-hours service provider.

The Information published by Public Health England rates the level of deprivation within the practice population group as four on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. The practice area has a lower percentage than national average of people whose working status is unemployed (2% compared to 9% within the Clinical Commissioning Group and 5% nationally). The average male and female life expectancy for the practice is 81 years for males (compared to 79 years within the CCG and 79 years nationally), and 85 (compared to 83 years within the CCG and 83 years nationally) years for females. The practice told us its patients demographic was approximately 58% "White", 20% "Asian", 14% "Black", 5% "Mixed" and 3% "Other White".

We had inspected the provider on 29 May 2014 under the previous regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009 to

# Detailed findings

follow up on essential standards of quality and safety not being met during an inspection 7 January 2014. The follow up inspection on 29 May 2014 found the provider was meeting all standards of quality and safety. The previous report can be found at this link <http://www.cqc.org.uk/location/1-537836336>

## 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 13 January 2017.

During our visit we:

- Spoke with a range of staff (GP partners, a GP registrar, a practice nurse, practice manager, health care assistant, and reception 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, there was an incident where a referral for a patient was not successfully sent via fax. The practice contacted the patient to apologise and relevant staff investigated and met to discuss the incident. The practice changed its referral system to prevent recurrence by changing from faxing to emailing referrals to ensure all referrals were sent and received.

### Overview of safety systems and processes

The practice 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 GP for safeguarding both adults and children. The GPs attended safeguarding meetings when possible and

always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities. Staff all received relevant training on safeguarding children and vulnerable adults relevant to their role either just prior to, just after or on the day of inspection, including the GPs. GPs and nurses were trained to child protection or child safeguarding level 3 and non-clinical staff to level 1.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. However, we found no evidence to verify patients' privacy curtains had been cleaned six monthly in line with best practice guidelines. Staff told us they were cleaned and sent us evidence of ordering disposable curtains and a cleaning schedule after inspection.
- 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 (PGDs) 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

## Are services safe?

patients who may not be individually identified before presentation for treatment. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction (PSD) from a prescriber. A PSD is a written instruction, signed by a doctor, dentist, or non-medical prescriber for medicines to be supplied and/or administered to a named patient after the prescriber has assessed the patient on an individual basis.

- We reviewed staff personnel files and found appropriate recruitment checks had been undertaken prior to employment, with the exception of reference checks for non-clinical staff. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. Management staff told us reference checks for non-clinical staff were either held at the practice partner site or had been requested but not received and that evidence would be sent to us after inspection; however, we did not receive this from the practice.

### 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 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 and clinical equipment was checked to ensure it was working properly. However, premises fixed wiring electrical checks were overdue. After inspection the practice sent us evidence it had obtained a quote and told us relevant checks would be undertaken within a fortnight.

- 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 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.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available. The contents of the first aid kit were out of date and the practice obtained a new one on the day of inspection.
- 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 95% of the total number of points available, with 4% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

Data from 1 April 2015 to 31 March 2016 showed the practice was an outlier for QOF clinical targets:

- Childhood immunisation rates for under two year olds ranged between 70% and 82%, (the national expected coverage of vaccinations is 90%); and the Measles, Mumps and Rubella (MMR) vaccine for five year olds was 87% for Dose one compared to 94% nationally and 76% for Dose two compared to 88% nationally. Staff told us they had experienced some coding issues for these results and had taken action to improve. We asked for the most recent data which represented nine months of the year to date (April 2016 to the date of inspection 13 January 2017) which showed vaccines for two year old "five in one" vaccine at 84%, MMR at 81%, and Meningitis C at 80%. The MMR vaccines dose two rate for five year olds was 74%. There were two and a half

months of the reporting cycle remaining data the practice provided demonstrated it was on target to meet expected coverage targets by the end of the reporting year.

The practice was not an outlier for other QOF (or other national) clinical targets. Data from 2015 - 2016 showed:

- Performance for diabetes related indicators was similar to national averages. For example, the percentage of patients with diabetes, on the register, in whom the last IFCCHbA1c (blood sugar level) was 64 mmol/mol or less in the preceding 12 months was 67% compared with the national average of 78%.
- The percentage of patients with hypertension having regular blood pressure tests was 84%, which is similar to national average of 83%.
- Performance for mental health related indicators was similar to the national average. For example, the percentage of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record in the preceding 12 months was 91% compared with a national average of 89%.

There was evidence of quality improvement including clinical audit.

- There had been three clinical audits undertaken in the last two years, both of these were completed audits where the improvements made were implemented and monitored. For example, the practice undertook an audit to improve compliance with guidance for phosphodiesterase-5-inhibitors to improve the appropriateness of prescribing for patients with erectile dysfunction. We found the audit was thorough and included an introduction, aim, method, target, results, analysis, and conclusion. In the first cycle in February 2016, the practice identified it had a significant number of prescriptions that did not meet guidance criteria. The practice implemented a template to facilitate prescribing in line with best practice guidelines. The second audit cycle in April 2016 showed a 44% improvement in prescribing that met criteria, and an 84% reduction in prescribing that did not meet criteria.
- The practice also participated in peer review at monthly locality meetings between 18 practices.

### Effective staffing

# Are services effective?

## (for example, treatment is effective)

Staff had the skills, knowledge and experience to deliver effective care and treatment but continuous professional development had not been monitored for most staff.

- The practice had an induction programme for all newly appointed staff. This covered aspects of health and safety but needed tailoring to include all fundamentally important topics, for example safeguarding and infection prevention and control. However, staff were subsequently trained in these areas. Confidentiality was included in the staff contract.
- 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.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs.
- 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.

### 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.

### 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 and held a smoking cessation clinic in house or patients were signposted to the relevant service.

The practice's uptake for the cervical screening programme was 81%, which was the same as the national average.

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 ensuring 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 under two year olds ranged between 69% and 82%, (the national expected

## Are services effective?

(for example, treatment is effective)

coverage of vaccinations is 90%). The Measles, Mumps and Rubella (MMR) vaccine for five year olds was 87% for Dose 1 compared to 89% within the CCG and 94% nationally; and 76% for Dose 2 compared to 78% within the CCG and 88% nationally.

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

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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.

All of the 33 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.

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 published July 2016 generally showed patients felt they were treated with compassion, dignity and respect. The practice was generally comparable for its satisfaction scores on consultations with GPs and nurses. For example:

- 84% said the GP was good at listening to them compared to the CCG average of 83% and the national average of 89%.
- 79% said the GP gave them enough time compared to the CCG average of 80% and the national average of 87%.
- 82% said they had confidence and trust in the last GP they saw compared to the CCG average of 86% and the national average of 92%.
- 80% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 78% and the national average of 85%.

- 78% 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%.
- 86% said they found the receptionists at the practice helpful compared to the CCG average of 83% and the national average of 87%.

The practice was aware of its survey results and had taken action to improve. For example, the practice was going through a transition phase during the period of the survey due to two long term experienced practice nurses leaving and the practice covered with locum nurses whilst undertaking a recruitment process. At the time of inspection the practice had successfully recruited two new practice nurses who were working on a regular basis to provide greater continuity and patient satisfaction.

### 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 comparably to questions about their involvement in planning and making decisions about their care and treatment. Results were comparable to local and national averages. For example:

- 83% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 79% and the national average of 86%.
- 78% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 74% and the national average of 82%.
- 75% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 80% and the national average of 85%.

The practice had taken action to improve practice nursing provision, as described above.

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

## Are services caring?

- Staff told us that interpreter 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 had identified 169 patients as carers of the merged list size (1% of the practice list). Carers were offered an influenza vaccine and given priority appointments. Written information was also 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, it had a clinician specially trained to assess patients and initiate insulin (an injectable medicine for people with diabetes) if needed and ran fortnightly diabetes management clinics.
- The practice offered extended hours for working patients who could not attend during normal opening hours on Monday and Tuesday from 6.30pm to 8.00pm, 7.30am to 8.30am on Wednesday, and 7.00am to 8.30am on Thursday.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccines available on the NHS and patients were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and interpreter services available.
- There was no lift but four of the five consultation rooms were on the ground floor and were easily accessible for patients with mobility concerns.

### Access to the service

The practices' opening hours were 8.30am to 1.00pm and 2.00pm to 6.30pm every weekday except Wednesday when it closed at 1.00pm. GP appointments ran throughout these periods and its doors and telephone lines remained open. Appointments included home visits and telephone consultations including during lunch time periods and online pre-bookable appointments. Urgent appointments were available for patients who needed them. Patients telephoning when the practice was closed were transferred automatically to the local out-of-hours service 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.

- 70% of patients were satisfied with the practice's opening hours compared to the CCG average of 73% and the national average of 76%.
- 75% found it easy to get through to this surgery by phone compared to the CCG average of 80% 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.

### 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 manager who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system such as a complaints leaflet and poster in the reception area.

We looked at 12 complaints received in the last 12 months and found these were dealt with satisfactorily in a timely way and with openness when dealing with the complaint. Lessons were learnt from individual concerns and complaints and from analysis of trends and action was taken to as a result to improve the quality of care. For example, after a patient complained about the length of time it had taken for the practice to complete a non-clinical administrative task. The practice contacted the patient and apologised and the complaint was investigated. Meetings were held with relevant staff and the practice implemented a buddy system to cover this task and prevent recurrence in the event of a shortage of staff.

# 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, it was not displayed in the waiting areas but staff knew and understood the values.
- The practice had a strategy and supporting plans which reflected the vision and values and were regularly monitored.

### Governance arrangements

The practice had an overarching governance framework; it was not written down but supported the delivery of the strategy and good quality care because staff were aware of their own roles and responsibilities. Structures and procedures in place and ensured that:

- Practice specific policies were implemented and were available to all staff.
- A comprehensive 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.
- Arrangements were generally in place for identifying, recording and managing risks, issues and implementing mitigating actions with the exception of first aid kit contents and premises fixed wiring safety checks.

### 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. We noted regular team away social events were held.
- 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.

- Practice patient participation group (PPG) meetings had lapsed for a year due to absence of responsible staff. However, the PPG had met and restarted at the time of inspection and the practice had gathered feedback from patients through surveys and complaints received and used patients' feedback to make improvements. For example, by providing continuity of practice nursing staff as a result of patients' feedback.
- The practice had gathered feedback from staff through staff social events, staff meetings, and day to day discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management and told us they felt involved and engaged to improve how the practice was run.