

# Regents Park Practice

## Quality Report

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Date of inspection visit: 21 January 2016

Date of publication: 10/03/2016

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 Regents Park Practice on 21 January 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had 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.

- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day. However some patients expressed the view that it was difficult to make an appointment by telephone.
- 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 had been involved with Clinical Commissioning Group pilot schemes that had been rolled out within the wider CCG area including the care co-ordinator and rapid response GP initiative.

The area where the provider should make improvement is :

- To look at ways to improve cervical screening results.

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

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information and a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were similar to the locality and the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

### Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the National GP Patient Survey showed patients rated the practice either higher or similar to others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.

# Summary of findings

- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the Clinical Commissioning Group to secure improvements to services where these were identified. This included the provision of a rapid response GP to reduce avoidable attendance at accident and emergency departments.
- 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. However it was not always easy to get through to the practice by telephone.
- 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.

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 this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- 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 proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

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.

- 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 including a rapid response GP service and urgent appointments for those with enhanced needs.

Good



### People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was similar to the CCG and national average. The practice achieved 83% compared to the CCG and national averages of 89%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice offered a diabetes clinic for patients who had problems controlling the condition.

Good



### Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Seventy six percent of patients diagnosed with asthma, on the register, which had an asthma review in the last 12 months. Compared to the national average of 75%

Good



# Summary of findings

- 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 uptake for cervical screening was 70% compared to the national average of 81%.
- The practice provided an in house ultra sound service.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

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

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

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

Good



## People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- A joint weekly methadone clinic was held by the practice and CCG clinical lead.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Good



# Summary of findings

## 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).

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The practice regularly worked with multi-disciplinary teams in the case management of people 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. This included the provision of an in house counsellor and care co-ordinator.

Good



# Summary of findings

## What people who use the service say

The national GP patient survey results published on 2 July 2015. The results showed the practice was performing in line with local and national averages. Four hundred and fifty six survey forms were distributed and 102 were returned. This represented 1.7% of the practice's patient list

- 64% found it easy to get through to this surgery by phone compared to a CCG average of 75% and a national average of 73%.
- 78% were able to get an appointment to see or speak to someone the last time they tried (CCG average 82%, national average 85%).
- 77% described the overall experience of their GP surgery as fairly good or very good (CCG average 78%, national average 84%).

- 72% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 74%, national average 77%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 34 comment cards which were all positive about the standard of care received. Patients were happy with the service provided and that they felt involved in their care. All cards stated that the practice was clean; however a small number of comments said that they found it difficult to get through to the practice on the telephone to make an appointment.

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

## Areas for improvement

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

- To look at ways to improve cervical screening results.



# Regents Park Practice

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, a practice nurse specialist adviser, a practice manager specialist adviser and an Expert by Experience. Specialist advisers were given the same authority to enter Regents Park Practice as the CQC inspector.

## Background to Regents Park Practice

The Regents Park Practice is located in the London Borough of Camden. The practice is part of the NHS Camden Clinical Commissioning Group (CCG). It currently holds a Personal Medical Service (PMS) contract (a contract between NHS England and general practices for delivering personal medical services. This contract allows the flexibility to offer local services within the contract) to 5900 patients. The practice has a second surgery, the Amphyll Practice which is managed by the same partner group and run by the same staff. Both practices also share the same policy and procedures with significant event analysis and clinical audits shared across both. The Amphyll Practice was inspected separately as it is separately registered with the CQC.

The Regents Park practice serves a diverse population with many patients attending where English is not their first language. The practice has a mixed patient population age demographic with 39% under the age of 18 and 17% over the age of 65. The Regents Park Practice is situated within a purpose built premises on one level. All consulting rooms are easily accessible through wide corridors. Staff are based

at either Regents Park Practice or the Amphyll Practice but could work at either site as the need arises. The following staff list is for both sites as staff worked at either practice. There are currently four full time GP partners (three male and one female) who each undertake six sessions per week, six salaried GPs (five female and one male) who carry out eight sessions per week, two GP registrars (one male and one female) who carries out seven sessions per week offering a total of 85 sessions a week. Practice staff also included three nurses (one male and two female), a practice manager (who is also a partner), operations manager, care co-ordinator, administration and reception staff.

The practice is open between 8.00am and 6pm each week day except Thursday when the practice is open from 8.00am to 1pm. Appointments are from 9.30am to 12.30pm every morning and 2pm to 6pm each afternoon except Wednesday. Extended surgery hours are offered on a Saturday morning at the Amphyll Practice between 9am and 12pm where patients from both practices could be seen by a GP or nurse. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them. The practice opted out of out of hours care and directs patients to a local out of hour's provider.

The practice is a teaching practice.

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

The practice provides a range of services including child health and immunisation, minor illness clinic, smoking cessation clinics and clinics for patients with long term

# Detailed findings

conditions. The practice also provides health advice and blood pressure monitoring. Services and clinics are shared across both the Ampthill Practice and Regents Park Practice and open to all patients on both practice lists.

## Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The practice was previously inspected on 7th February 2014 and found to be compliant.

## 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 21 January 2016. During our visit we:

- Spoke with a range of staff including GP, nursing 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 either the practice manager or the operations manager of any incidents and there was a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, an incident occurred where a patient caused a disturbance in the waiting room intimidating the practice staff. Staff were supported by the management of the practice and further training was given to help manage any potential issue in the future. The matter was discussed within the practice meetings and within the yearly significant events review.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and 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 who was also qualified to provide Safeguarding level 1 training to other members of staff. 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 relevant to their role. GPs were child protection trained to Safeguarding level 3.
- A notice in the waiting room advised patients that chaperones were available if required. Three staff acted as chaperones and were trained for the role. They had

received a Disclosure and Barring Service check (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). Non-clinical members of staff who did not act as chaperones did not have a DBS check but the practice had carried out an assessment of risk to determine the need for a DBS check.

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. The practice completed cleaning schedules and spot checks of the service provided by cleaning company employed by the practice.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccinations after specific training when a doctor or nurse were on the premises. However no healthcare assistants were currently employed by the practice.
- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

## Are services safe?

- There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice nurse followed up women who were referred as a result of abnormal results.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All staff were trained fire wardens. Electrical equipment had been checked within the last 12 months to ensure it was safe to use. Clinical equipment had also been checked to ensure it was working properly. 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 system in place for all the different staffing groups to ensure that enough

staff were on duty. If there was a staff shortage, staff would be reassigned from the practice's second location (The Amptill Practice) to ensure enough cover was provided.

### 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. This was maintained yearly and the masks were in date. 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. There was a system of tracking medicines within the practice. All the medicines we checked were in date and fit for use.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.

### 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 showed that 94.3% of the total number of points available was achieved, with 5.5% 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). 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 similar to the CCG and national average. The practice achieved 83.7% compared to the CCG average of 89.2% and the national average of 89.1%.
- The percentage of patients with hypertension having regular blood pressure tests was similar to the CCG and national average. The practice achieved 80.2% compared to the CCG average of 79% and the national average of 84.6%.
- Performance for mental health related indicators was similar to the CCG and national average. The practice achieved 88.1% compared to the CCG average of 87.7% and the national average of 88.3%.

Clinical audits demonstrated quality improvement.

- There had been 14 clinical audits completed in the last two years, four of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, the practice undertook an audit of patients on the practice methotrexate (a medicine used for the treatment of arthritis) register to ensure that patients were correctly prescribed and were made aware of the side effects of the medicine. In 2014 there were 11 patients on the register and all patients were made aware of the side effects. The audit also showed that 100% of repeat prescriptions were reviewed by the GP before issue. The audit was repeated in 2015 and showed that 13 patients were on the practice methotrexate register of which all were made aware of the side effects and all repeat prescriptions were reviewed prior to issue. This showed that the practice was consistent in the prescribing of the medicine.

Information about patients' outcomes was used to make improvements such as; reviewing the way the practice conducts asthma reviews in order to improve the process. For example in 2015 the practice reviewed the way asthma reviews were carried out, including what medicine the patient was on to consider whether the patient was on the most appropriate course of treatment and whether medicines should be changed.

### 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. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered

# Are services effective?

## (for example, treatment is effective)

vaccinations 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. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support through one-to-one meetings, appraisals, clinical supervision and facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures and basic life support. Staff were currently undertaking information governance awareness training. 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. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care services 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. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

### 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.

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. For example the practice were currently supporting 95% of the 1065 identified smokers through the three in house smoking cessation advisers and referral to external groups if required. Patients were then signposted to the relevant service.

The practice's uptake for the cervical screening programme was 69.8%, which was lower than the national average of 81.1%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice found it difficult to encourage patients to come for the test due to the transient nature of the population and a reluctance to attend due to cultural beliefs. However the practice demonstrated how they encouraged uptake of the screening programme such as by using information in different languages, 'easy read' leaflets for those with a learning disability and by ensuring that a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 73.6% to 98.6% (CCG average range from 20% to 93.3%) and five year olds from 75.0% to 92.9% (CCG average range from 78.7% to 93.7%).



## Are services effective?

(for example, treatment is effective)

Flu vaccination rates for the over 65s were 72%, and at risk groups 53%. These were comparable to the national averages of 73.2% and 51.8% respectively.

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

NHS health checks for people 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 34 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.

Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 93% said the GP was good at listening to them compared to the CCG average of 85% and national average of 88%.
- 83% said the GP gave them enough time (CCG average 80%, national average 86%).
- 95% said they had confidence and trust in the last GP they saw (CCG average 94%, national average 95%)
- 85% said the last GP they spoke to was good at treating them with care and concern (CCG average 79%, national average 85%).
- 90% said the last nurse they spoke to was good at treating them with care and concern (CCG average 82%, national average 90%).

- 84% said they found the receptionists at the practice helpful (CCG average 84%, national average 86%)

### 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 on the comment cards we received was also positive and aligned with these views.

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

- 92% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and national average of 86%.
- 84% said the last GP they saw was good at involving them in decisions about their care (CCG average 77%, national average 81%)
- 88% said the last nurse they saw was good at involving them in decisions about their care (CCG average 75%, national average 84%)

Staff told us that translation services and advocates 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. The practice had a number of leaflets provided by the local CCG in the languages of the main cultural groups represented.

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

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 2% of the practice list as carers. Written information was available to direct carers to the various avenues of support available to them.



## Are services caring?

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

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

- The practice offered a 'Commuter's Clinic' on a Saturday morning for working patients who could not attend during normal week day opening hours.
- Appointments could be made online and through the automated telephone system.
- There were longer appointments available for patients with a learning disability.
- Routine bookable home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately/were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and interpreting services available.
- The practice offered a rapid response service for patients over the age of 75 in collaboration with three further local practices. This was when a GP was made available to respond to urgent requests for home visits from any of the participating practices in order to avoid unnecessary attendance at accident and emergency.
- The practice offered an in house phlebotomy service and also arranged for bloods to be taken in a person's home if they are unable to attend the practice due to any long term conditions they may have.
- The practice provided an in house ultra sound service.
- The practice offered a diabetes clinic for patients who had problems controlling the condition.
- The practice worked with health visitors to discuss vulnerable families and refer families to other organisations that provided further support.
- The practice offered electronic prescribing.
- The practice worked with external services to provide help for patients that were involved with substance and alcohol misuse.
- A joint weekly methadone clinic was held by the practice and CCG clinical lead.
- The practice provided Bengali advocates and made use of telephone interpreting services.

- The practice provided an in house counsellor but also referred patients to external counsellors for patients with poor mental health.
- The practice provided a ward round for two local care homes and hostel accommodation.
- The practice provided a care co-ordinator to provide social assistance to patients who were struggling.

### Access to the service

The practice was open between 8.00am and 6pm each week day except Thursday when the practice was open from 8.00am to 1pm. Appointments were from 9.30am to 12.30pm every morning and 2pm to 6pm each afternoon except Wednesday. Extended surgery hours were offered on a Saturday morning at the Amptill Practice between 9am and 12pm where patients from both practices could be seen by a GP or nurse. 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 patient's satisfaction with how they could access care and treatment was broadly comparable to local and national averages.

- 65% of patients were satisfied with the practice's opening hours compared to the CCG average of 69% and national average of 74%.
- 53% patients said they always or almost always see or speak to the GP they prefer (CCG average 50%, national average 60%).
- 64% patients said they could get through easily to the surgery by phone (CCG average 75%, national average 73%).

On the day of the inspection people told us that they were able to get appointments when they needed them, however it was difficult to get through by telephone. We asked the practice how they had acted on this issue. They told us that they had introduced online services to reduce demand on the phone system and a 24 hour automated telephone booking system.

### Listening and learning from concerns and complaints

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

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

- 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 which included a complaints leaflet and posters within the waiting area and consultation rooms.

We looked at 23 complaints received in the last 12 months and found that they had been handled appropriately and in line with practice policy. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, a complaint regarding front desk customer care had been discussed in a practice meeting and further training subsequently given to the reception team.

# 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 while stating patient centred and working with external organisations.

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored. This included the further development of the patient participation group (PPG), being actively involved in a local federation and the amalgamation of the Ampthill and Regents Park practices into a single NHS contract.

### 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 on the practice shared computer drive.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements, which included prescribing audits and administrative audit.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality

care. They prioritise safe, high quality and compassionate care. The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

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 knowing about notifiable safety incidents.

When there were unexpected or unintended safety incidents:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- They 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. Team meetings were held monthly at both the Ampthill and Regents Park Practice. There was the same agenda for both meetings and all staff were invited to both. All staff were provided with copies of both meetings that were run.
- 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 in doing so and felt supported if they did. We noted team away days were held every six months which included social and team building events such as treasure hunts.
- 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.

# Are services well-led?

Good 

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was a PPG which met regularly, however this was not well attended despite the efforts of the practice to make it more accessible by changing the times of the meetings. The PPG carried out the last full patient survey in 2013. However the PPG undertook a mini practice survey into access which resulted in the practice opening on a Saturday morning and the consideration to open for a full day on a Saturday in the near future to increase access.
- The practice had gathered feedback from staff through staff meetings and appraisals. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management, for example there was some confusion over booking appointments

for the other site for example when based at Ampthill practice, booking a patient for Regents Park practice. The practice policy was changed and a separate computer terminal was put aside for booking patients for the other site. Staff told us they felt involved and engaged to improve how the practice was run.

## Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. The practice was recently involved in two pilot schemes that had been taken on board by the CCG. The care co-ordinator post to assist patient's access social help, and the rapid response GP that provides home visits to reduce attendance at accident and emergency.