

# The Old Church Surgery

## Quality Report

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

### Ratings

#### Overall rating for this service

Good



Are services safe?

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

We carried out an announced comprehensive inspection at The Old Church Surgery on 8 October 2015. Overall the practice is rated as good.

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.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training needs had been identified and planned.

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment. Information was provided to help patients understand the care available to them.
- Risks to patients were assessed and well managed.
- The practice worked closely with other organisations and the local community in planning how services were provided to ensure that they meet people's needs.
- The practice implemented suggestions for improvements and made changes to the way that it delivered services as a consequence of feedback from patients and from the Patient Participation Group.
- 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.
- The practice had a clear vision, which had quality and safety as a top priority. A business continuity plan was

# Summary of findings

in place, was monitored and regularly reviewed and discussed with all staff. High standards were promoted and owned by all practice staff with evidence of team working across all roles.

- There was a clear leadership structure and staff felt supported by management.
- There was a system in place to reduce risks to patient safety for example, infection control procedures.
- The practice made good use of audits and had shared information from their audits with other practices to promote better patient outcomes.

We saw one area of outstanding practice:

The practice had a strong focus on Carers and increased its number of Carers from five to thirty five by working alongside Waltham Forest Carers to develop a Carers Pack and template, which has been adopted by local practices.

However there were areas of practice where the provider needs to make improvements.

Importantly the provider should:

- Ensure that a face to face patient participation group is set up and regular meetings held rather than just a virtual group to enable a wider range of patients to become involved.

## **Letter from the Chief Inspector of General Practice**

**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. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated widely to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and well managed.

Good



### Are services effective?

The practice is rated as good for providing effective services. Data showed patient outcomes were above average for the locality and the practice carried out regular audits. Staff referred to guidance from the National Institute for Health and Care Excellence (NICE) which was routinely used. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. Staff had received training appropriate to their roles and any further training needs were identified through an appraisal process, where personal development plans were made. Staff worked with multidisciplinary teams.

Good



### Are services caring?

The practice is rated as good for providing caring services. Patients' views gathered at inspection demonstrated they were treated with compassion, dignity and respect and were involved in decisions made about their care. This view was supported by data, which showed that patients rated the practice higher than local averages for all aspects of care. Information for patients about the services available was easy to understand and accessible. We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Good



### Are services responsive to people's needs?

The practice is rated as good for providing responsive services. It 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. 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. The practice had good facilities and was well equipped to treat patients and meet their

Good



# Summary of findings

needs. Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

## Are services well-led?

The practice is rated as good for being well-led. It had a clear vision and strategy. 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 whole practice team meetings and clinical meetings. There were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients, which it acted on. There was an active virtual patient participation group (PPG), which held regular discussions online and completed practice surveys and were asked for suggestions on how the practice could improve on services provided. Staff had received inductions, appraisal and attended staff meetings and events

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. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, admissions avoidance and dementia and end of life care. It was responsive to the needs of older people, and offered home visits and rapid access appointments and longer appointments for those with enhanced needs. The practice introduced phlebotomy clinics as a result of patient feedback suggesting that elderly patients preferred to have their bloods taken in the practice rather than an external clinic.

The practice had a strong focus on Carers and worked alongside Waltham Forest Carers to develop a Carers pack and template, which had been adopted by local practices. The practice had dedicated pages on their website for carers, providing them with information and support. Carer identification was a standing agenda item on both the practice's palliative care and integrated care monthly meetings. The practice increased its number of carers from five to thirty five.

Good



### People with long term conditions

The practice is rated as good for the care of people with long-term conditions. These patients had structured annual reviews or six monthly reviews if their condition was not well controlled to check their health and medication needs were being met. Nursing staff had key roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Longer appointments and home visits were available when needed. All these patients had a named GP. For those people with the most complex needs, the practice worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



### Families, children and young people

The practice is rated as good for the care of families, children and young people. There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations. Patients told us that children and young people were treated in an age-appropriate way and had

Good



# Summary of findings

priority access to appointments. Appointments were available outside of school hours and the premises were suitable for children and babies. We saw examples of joint working with midwives, health visitors and school nurses.

## **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 offered extended hours three times a week, with both early morning and late evening appointments; there was online access to appointments and prescriptions. Telephone consultations were used for patients who were unable to attend the practice and the practice worked alongside a network of Chingford practices to offer patients appointments on Saturday and Sunday. The practice offered a full range of health promotion and screening that reflects the needs for this age group.

Good



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

The practice is rated as good for the care of people whose circumstances may make them vulnerable. The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability. It had carried out annual health checks for people with a learning disability and offered longer appointments for people with a learning disability.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. Leaflets were available to provide patients with information about how to access various support groups and organisations. Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Good



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

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). Ninety three percent of people experiencing poor mental health had received an agreed care plan, and the practice regularly worked with multi-disciplinary teams in the case management of these patients.

The practice had told patients experiencing poor mental health about how to access various support groups and voluntary

Good



# Summary of findings

organisations. It had a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health. Staff had received training on how to care for people with mental health needs and dementia.



# Summary of findings

## What people who use the service say

There were 130 responses to the July 2015 National GP Patient Survey, which equates to 3.4% of the total practice population. The results showed that the practice was performing above local and national averages.

- 94% find it easy to get through to this surgery by phone compared with a Clinical Commissioning Group (CCG) average of 62% and a national average of 73%.
- 92% find the receptionists at this surgery helpful compared with a CCG average of 84% and a national average of 87%.
- 75% with a preferred GP usually get to see or speak to that GP compared with a CCG average of 50% and a national average of 60%.
- 92% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 79% and a national average of 85%.

- 93% say the last appointment they got was convenient compared with a CCG average of 87% and a national average of 92%.
- 79% describe their experience of making an appointment as good compared with a CCG average of 65% and a national average of 73%.
- 77% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 49% and a national average of 65%.
- 68% feel they don't normally have to wait too long to be seen compared with a CCG average of 44% and a national average of 58%.

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. There was a recurring theme of friendly, caring professional staff.

## Areas for improvement

### Action the service SHOULD take to improve

Ensure that a face to face patient participation group is set up and regular meetings held rather than just a virtual group to enable a wider range of patients to become involved.

## Outstanding practice

The practice had a strong focus on Carers and increased its number of Carers from five to thirty five by working

alongside Waltham Forest Carers to develop a Carers Pack and template, which has been adopted by local practices. Carers was also a standing agenda item on the practices' palliative care and integrated care meetings.

# The Old Church Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC inspector and supported by a GP specialist advisor, who was granted the same authority to enter the registered person's premises as the CQC inspector.

### Background to The Old Church Surgery

The Old Church Surgery is located in a residential area of East London within an adapted house. The practice held a General Medical Services (GMS) contract and provided services to 4411 patients. The practice's registered population was higher than the national average for patients aged over 85 years.

The practice has two GP partners, one male and one female, one female nurse practitioner, one female nurse, one practice manager and six reception/administration staff. The practice was a training practice.

The practice is open between 8:00am and 6:30pm Monday to Friday. Morning appointments are from 8:30am to 12pm on Monday, 7:30am to 11:00am on Tuesday and Friday, 8:30am to 11:00am on Wednesday and Thursday. Afternoon appointments are from 4:00pm and 6:00pm, with the exception of Wednesdays when the practice closed for administration work to be completed at 1:00pm. Extended hours are on a Monday from 6:30pm and 8:00pm. The practice is closed between 12:30pm and 1:30pm each day, however the phone lines remain open during this period.

When the practice is closed, patients are advised to contact the out of hours provider whom the practice has a contact with which has been agreed by NHS England.

The Old Church Surgery operates regulated activities from one location and is registered with the Care Quality Commission to provide family planning, treatment of disease, disorder and injury, diagnostic and screening procedures and maternity and midwifery services.

### Why we carried out this inspection

We carried out a comprehensive inspection of the services under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We carried out a planned inspection to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to provide a rating for the services under the Care Act 2014.

We inspected this service as a part of our new comprehensive inspection programme. This provider had not been previously inspected.

### How we carried out this inspection

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?

# Detailed findings

We also looked at how well services are provided for specific groups of people and what good care looks 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)

Before visiting, we reviewed a range of information that we hold about the practice. We carried out an announced visit on 8 October 2015. During our visit we spoke with a range of staff including GPs, Nurses, Practice Manager and Administration Staff and spoke with patients who used the service. We observed how people were being cared for and talked with family members and reviewed the personal care or treatment records of patients. We reviewed comment cards where patients and members of the public shared their views and experiences of the service.

# Are services safe?

## Our findings

### Safe track record and learning

There was an open and transparent approach and system in place for reporting and recording significant events. People affected by significant events received a timely and sincere apology and were told about actions taken to improve care. Staff told us they would inform the practice manager of any incidents and there was also an incident reporting form that they would complete. All complaints received by the practice were entered onto the system and automatically discussed at the next practice meeting. The practice carried out an analysis of the significant events and complaints.

We reviewed safety records, incident reports and minutes of meetings where these were discussed, we saw that practice meetings had a standing agenda and complaints and significant events/incidents were discussed. . Lessons were shared to make sure action was taken to improve safety in the practice. For example, we saw that when a GP filed abnormal blood results incorrectly, it was discussed at both a practice and clinical meeting and changes were put in place to confirm abnormal results before filing to ensure that it did not happen again.

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance. This enabled staff to understand risks and gave a clear, accurate and current picture of safety.

### Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep people safe, which included:

- Arrangements were in place to safeguard adults and children 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. 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.

- A notice was displayed in the waiting room, advising patients they could request a chaperone if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring service check (DBS). 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).
- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy which was accessible to all staff on the computer system. The practice had up to date fire risk assessments and regular fire drills were carried out. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly, checks were carried out in October 2015. The practice also 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.
- Appropriate standards of cleanliness and hygiene were followed. 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. The lead had undertaken the appropriate training for the role. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken, the last being in December 2014.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Regular medication audits were carried out with the support of the local Clinical Commissioning Group (CCG) pharmacy team to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. We checked medicines stored in treatment rooms and medicine fridges and found they were in date and a process for monitoring fridge temperatures was in place, which included what action to take in the event of the fridge breaking or a power failure. Vaccines were administered by the nurse, we saw signed in date patient group directives were in use.

## Are services safe?

- Recruitment checks were carried out and the six files we reviewed showed that 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.
- 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, and staff booked annual leave four weeks in advance to ensure that enough staff were on duty on any given day. Reception and administration staff covered each other, locum GPs well known to the practice and patients were used to cover clinicians.

### **Arrangements to deal with 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. The oxygen and defibrillator were maintained regularly by an external company. There was also a first aid kit and accident book available. Emergency medicines were easily accessible to staff in the treatment room and all staff knew of their location. 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 carried out assessments and treatment 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 ensure all clinical staff were kept up to date. The practice had access to guidelines from NICE and the local CCG intranet and used information from these to develop how care and treatment was delivered to meet needs. We saw evidence that the practice monitored that these guidelines were followed through risk assessments, audits and random samples sample checks of patient records for patients seen by trainees. Regular meetings were also held where NICE guidance was discussed.

### Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Current results were 98% of the total number of points available, with 4.5% exception reporting. This practice was not an outlier for any QOF (or other national) clinical targets. Data from the Health and Social Care information Centre (HSCIC) showed:

- Performance for diabetes related indicators was better than the CCG and national average. For example the percentage of patients with a foot examination and risk classification within the preceding 12 months was 95% compared with a national average of 88.35%
- The percentage of patients with hypertension having regular blood pressure tests was above the CCG and national average, the practice scored 87% compared with the national average of 83%.
- Performance for mental health related indicators were above the CCG and national average. For example, the percentage of patients diagnosed with dementia whose care had been reviewed in a face to face review in the preceding 12 months was 93% compared with a national average of 84%.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and people's outcomes. There had been nine clinical audits conducted in the last two years, three of these were completed audits where the improvements made were implemented and monitored. For example, we saw an audit that looked at whether patients being prescribed Lithium were being appropriately monitored. After the second audit it was found that 100% of patients being prescribed Lithium had a blood test in the preceding two months, compared with 81% on the previous audit. We saw meetings of minutes where this was discussed and changes were agreed to prescribe Lithium by brand and a process agreed to ensure blood tests were given at the correct time.

The practice also participated in local audits, national benchmarking, accreditation, peer review and research. Findings were used by the practice to improve services.

Information about patients' outcomes was used to make improvements, for example the practice carried out an audit on quality improvement and patient outcomes for patients who had a urine sample requested. As a result a new process was put in place for urine test requests, which improved patient outcomes by ensuring the right tests were carried out and decreasing the number of patients that had to have a repeat test.

### Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for newly appointed clinical and non-clinical members of staff that covered such topics as safeguarding, basic life support, fire safety, health and safety and confidentiality.
- 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 these learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, e-learning,

# Are services effective?

## (for example, treatment is effective)

appraisals, clinical supervision and facilitation and support for the revalidation of doctors. All staff had had an appraisal within the last 12 months, which included a personal development plan.

- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. 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 test results. Information such as NHS patient information leaflets were also available. All relevant information was shared with other services in a timely way, for example when people were referred to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a four weekly basis and that care plans were routinely reviewed and updated.

### Consent to care and treatment

Patients' consent to care and treatment was always sought 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, assessments of capacity to consent were also carried out in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment

was unclear the GP or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment. We looked at a random sample of patient records and saw that consent was sought and recorded.

### Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, patients with cancer, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service. A weight loss clinic was available on the premises as was a smoking cessation advice service.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 86%, which was higher than the national average of 82%. There was a policy to offer text reminders for patients two days before their cervical screening test, reception staff ensured that they had the correct mobile number for the patient before confirming the appointment. We saw that the practice carried out regular audits into cervical screening inadequacy rates and provided extra training where necessary. 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 Clinical Commissioning Group (CCG) and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 69% to 95% and five year olds from 66% to 89%. Flu vaccination rates for the over 65s were 76%, and at risk groups 51%. These were also comparable to CCG and national averages.

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 on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that 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 CQC 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, treated them with dignity and respect and found it easy to get an appointment. We also spoke with six patients on the day of our inspection, they told us they were happy with the care provided by the practice, saying that the staff were all professional, they were treated with care, dignity and respect and they found it easy to get an appointment with their named GP. 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 were happy with how they were treated and that this was with compassion, dignity and respect. The practice was above average for its satisfaction scores on all aspects of care. For example:

- 90% said the GP was good at listening to them compared to the CCG average of 83% and national average of 89%.
- 90% said the GP gave them enough time compared to the CCG average of 80% and national average of 87%.
- 97% said they had confidence and trust in the last GP they saw compared to the CCG average of 92% and national average of 95%
- 84% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 78% and national average of 85%.

- 96% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 83% and national average of 90%.
- 92% patients said they found the receptionists at the practice helpful compared to the CCG average of 84% and national average of 87%.

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

Patients we spoke with told us that health issues were discussed with them and 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 we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and results were in line with local and national averages. For example:

- 85% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 80% and national average of 86%.
- 86% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 74% and national average of 81%

Staff told us that translation services were available for patients who did not have English as a first language. We saw posters in the reception area informing patients this service was available and the practice website had a translation service linked to it to enable it to be translated into other languages.

### 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 such as groups for carers, those suffering from bereavement and mental health services.

The practice's computer system alerted GPs if a patient was also a carer. There was a practice register of all people who were carers. The practice manager had worked alongside Waltham Forest Carers to design a carers pack, which was



## Are services caring?

being piloted in the practice. There was a carers notice board in the waiting area, a notice was displayed on the electronic board asking carers identify themselves and collect a carers pack. The practice also designed a comprehensive carers template, which will be used by all practices in Waltham Forest and will help to identify the needs of carers and provide them with support.

The practice had both a management and administration lead for carers, the practice website had dedicated pages to provide information and support to carers, carer

identification was a standing agenda item on the practices palliative care and integrated care monthly meetings and the practice increased their number of carers from five to thirty five.

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 worked with the local Clinical Commissioning Group (CCG) to plan services and to improve outcomes for patients in the area. For example, the practice ran alongside other local practices a weekend clinic where patients could make an appointment to be seen on Saturday and Sunday, which improved patient access to a GP and satisfaction for patients who were unable to attend the practice on a week day.

Services were planned and delivered to take into account the needs of different patient groups and to help provide flexibility, choice and continuity of care. For example;

- The practice offered early morning clinics on a Tuesday and Friday from 7:30am until 8.30am and evening clinics on a Monday from 6:30 pm until 8:00pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for people with a learning disability, those suffering from poor mental health, carers, the elderly and patients who did not have English as a first language.
- Home visits were available for older patients and the housebound.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were disabled facilities and translation services available.
- Phlebotomy clinics were introduced due to the increase in number of elderly patients who required regular blood tests.

### Access to the service

The practice was open between 8:00am and 6:30pm Monday to Friday. Morning appointments were from 8:30am to 12pm on Monday, 7:30am to 11:00am on Tuesday and Friday and 8:30am to 11:00am on Wednesday and Thursday. Afternoon appointments were from 4:00pm and 6:00pm, with the exception of Wednesdays when the practice closed for administration work to be completed at 1:00pm. Extended hours were on a Monday from 6:30pm and 8:00pm. The practice was closed between 12:30pm and 1:30pm each day, however the phone lines remained open during this period. Same day appointments were 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 comparable to local and national averages and people we spoke to on the day were able to get appointments when they needed them. For example:

- 80% of patients were satisfied with the practice's opening hours compared to the CCG average of 72% and national average of 75%.
- 94% patients said they could get through easily to the surgery by phone compared to the CCG average of 62% and national average of 73%.
- 79% patients described their experience of making an appointment as good compared to the CCG average of 65% and national average of 73%.
- 77% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 49% and national average of 65%.

The practice worked with the patient participation group and carried out surveys and responded to feedback from patients to increase its appointment duration from ten minutes to twelve minutes to reduce appointment waiting times and increase patient satisfaction. The practice patient participation group was virtual, which meant that if a patient did not have access to the internet, they would be unable to take part in discussions, we saw a plan to setup a face to face group and posters were displayed around the surgery advertising this.

### Listening and learning from concerns and complaints

The practice had a 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. The practice manager designated responsible person who handled all complaints in the practice.

We saw that information was available to help patients understand the complaints system, there were posters displayed and information was on the practice leaflet and website. Patients we spoke with said they would direct any complaint that they had to the practice manager.

We looked at six complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way, openness and transparency. There was a complaints log stored on the computer system, we saw an example of a complaint where the patient was not happy

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

with how a consultation was carried out. We noted that an apology letter was sent to the patient and we saw minutes of meetings where this was discussed and lessons were learnt.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. The practice had a mission statement which staff were aware of and knew and understood the values. -The practice had a robust strategy and supporting business plans, this included submitting an application for funding for a bigger premise in order to have more consultation rooms and storage space as well as being able to train more GP trainees.

### 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 staff were aware of their own roles and responsibilities
- Practice specific policies were implemented and were available to all staff
- There was a comprehensive understanding of the performance of the practice and staff were encouraged to give suggestions on ways that the practice could improve its performance
- A system of continuous clinical and internal audit which is used to monitor quality and to make improvements
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions
- Clear methods of communication that involved the whole staff team and other healthcare professionals to pass on information and best practice

### Leadership, openness and transparency

The partners in the practice were visible, they prioritised safe, high quality and compassionate care. Staff told us they were approachable and always took the time to listen to all members of staff. The partners encouraged a culture of openness and honesty.

Staff told us that regular team meetings were held where they had the opportunity to raise any issues and were confident in doing so, and felt supported when they did. Staff told us that there was an open door culture within the practice and issues and concerns could be raised at any time with the practice manager. Staff said they felt respected, valued and supported by all members of staff. 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, proactively gaining patients' feedback and engaging patients in the delivery of the service. It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active virtual PPG which held discussions online and the practice was actively seeking members to form a face to face PPG meeting group. The PPG as well as a patient survey had suggested that the practice should have an in house blood clinic to benefit elderly patients. We found that the practice implemented this and saw comments from patients showing that patient satisfaction was improved as a result.

Staff told us they felt involved and engaged to improve how the practice was run.

### Innovation

There was a strong focus on carers within the practice. The practice team was forward thinking and led in the setup of a carers pack alongside Waltham Forest Carers, and had developed a carers template, which local practices agreed to also use to increase the number of carers identified by practice and improve the support that they received. The practice had dedicated pages on their practice website to provide carers with information and support and increased its' number of carers from five to thirty five.