

# R Isaacson - The Surgery

## Quality Report

192 Colney Hatch Lane

Muswell Hill

London N10 1ET

Tel: 020 8883 5555

Website: [www.drisaacsonandpartners.co.uk](http://www.drisaacsonandpartners.co.uk)

Date of inspection visit: 27 September 2016

Date of publication: 07/11/2016

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?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



# Summary of findings

## Contents

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	6
What people who use the service say	9

### Detailed findings from this inspection

Our inspection team	10
Background to R Isaacson - The Surgery	10
Why we carried out this inspection	10
How we carried out this inspection	10
Detailed findings	12
Action we have told the provider to take	22

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at R Isaacson - The Surgery on 27 September 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.
- There were systems and processes to assess and manage risks to patients, however arrangements for the repeat prescribing of high risk medicines were not embedded.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they were able to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

The areas where the provider must make improvement are:

- Ensure high risk medicines are prescribed in line with the repeat prescribing protocol to maximise medication safety.

The areas where the provider should make improvement are:

# Summary of findings

- While the provider demonstrated a commitment to being open and transparent there was no written procedure in place for identifying and handling notifiable safety incidents under the duty of candour.
- The provider did not keep a record of the action it had taken in response to patient safety alerts relevant to the practice.
- Consider further ways of meeting the needs of patients with Depression given the comparatively high exception reporting rate in this clinical domain.
- Staff demonstrated understanding of the consent and decision-making requirements of the Mental Capacity Act 2005, however they had not received formal training.
- All the GPs who worked regularly at the practice were male and there was no protocol in place for a patient to see a female GP if they requested this.

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

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as requires improvement for providing safe services.

**Requires improvement**



- There was a system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- The practice had clearly defined systems, processes and practices in place to keep patients safeguarded from abuse.
- Risks to patients were assessed and most risks were well managed, however arrangements for the safe repeat prescribing of high risk medicines were not embedded.
- While the provider encouraged a culture of openness and honesty, the practice did not have a written procedure in place for identifying and handling notifiable safety incidents under the duty of candour.

### Are services effective?

The practice is rated as good for providing effective services.

**Good**



- Data from the Quality and Outcomes Framework (QOF) showed the practice had significantly improved its patient outcomes in 2015-16 and was sustaining this improvement in to 2016-17.
- 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 and there was scope for their continued professional development.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

### Are services caring?

The practice is rated as good for providing caring services.

**Good**



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

# Summary of findings

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

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified, for example extended hours on Monday and Tuesday evenings.
- Patients said they were able to make an appointment with a named GP and there was continuity of care, although some felt two weeks was a long time to wait. Patients said urgent appointments were available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



## Are services well-led?

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

- The practice had a vision to deliver high quality care and promote good outcomes for patients, and plans were in place to achieve this. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of good quality care. This included arrangements to monitor and improve quality and identify risk.
- The practice proactively sought feedback from staff and patients, including a patient participation group, which it acted on.

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 and urgent appointments for those with enhanced needs.
- It worked with other services to meet complex needs where required, for example local pharmacists, district nurses and social services.
- Medicines were prescribed in dossett boxes where this helped the patient with taking their medicines.

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.
- The practice had significantly improved its Quality and Outcomes Framework (QOF) performance in 2015-16, achieving 85% of the point available, up from 57% in 2014-15. The improved performance was being sustained in 2016-17.
- Longer appointments and home visits were available when needed.
- All these patients were offered a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the GP 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 children living in disadvantaged circumstances and who were at risk. Immunisation rates were relatively high for all standard childhood immunisations.
- The practice's uptake for the cervical screening programme in the first six months 2016-17 was 76%. This was an improvement on its performance of 72% for the whole of 2014-15. The CCG average in 2014-15 was 79% and the national average was 82%.

Good



# Summary of findings

- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with health visitors.

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

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

- 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 including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability, and worked with a specialist service to ensure they received their annual health check.
- The practice worked with other health and care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

**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).

- 71% of patients diagnosed with dementia had their care reviewed in a face to face meeting between 01 April 2016 and 26

**Good**



# Summary of findings

September 2016. This was a significant improvement on the practice's performance in 2014-15 when the percentage was 49%. The CCG average for the whole of 2014-15 was 85% and the national average was 84%.

- The practice's patient outcomes for mental health indicators were similarly improved. The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses:
  - Who have a comprehensive agreed care plan documented in the record between 01 April 2016 and 26 September 2016 was 67%.
  - Whose alcohol consumption has been recorded between 01 April 2016 and 26 September 2016 was 90%. The CCG average for the whole of 2014-15 was 92% and the national average was 90%.
- The practice worked with other health and care professionals in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Staff had a good understanding of how to support patients with mental health needs and dementia.



# Summary of findings

## What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing in line with national averages. Two hundred and seventy six survey forms were distributed and 101 were returned. This gave a response rate of 36.6% and represented 1.7% of the practice's patient list.

- 68% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 75% of patients were able to get an appointment to see or speak to someone the last time they tried, national average of 76%.
- 81% of patients described the overall experience of this GP practice as good, national average of 85%.
- 64% of patients said they would recommend this GP practice to someone who has just moved to the local area, national average of 79.5%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 20 comment cards which were all positive about the standard of care received from clinical staff. Comments about reception staff were positive also, except from one respondent who said these staff could be abrupt and rude. Patients' experiences of making an appointment was mixed: two patients said they had to wait a long time for an appointment, one said it was easy to book appointments; one said they'd had a positive experience getting a same day emergency appointment when they needed one.

We spoke with six patients during the inspection. All six patients said they were satisfied with the care they received. They thought staff were helpful and caring, and that clinical staff gave them enough time and explained things well. However one patient said they were only happy with one of the GPs working at the practice.

# R Isaacson - The Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and included a GP Specialist Adviser.

## Background to R Isaacson - The Surgery

R Isaacson - The Surgery is located in Muswell Hill, north London. It is one of the member GP practices in the Barnet Clinical Commissioning Group (CCG).

The practice is located in the fifth less deprived decile of areas in England. Census data shows some 10% to 20% of the local population does not speak English as their main language. At 81 years, male life expectancy is higher than the England average of 79 years; and at 86 years, female life expectancy is higher than the England average of 83 years.

The practice has approximately 5,800 registered patients. The practice population distribution is mostly similar to the England average although there is a greater proportion of patients in the 25 to 44 years age group and fewer patients in the 60 to 85+ age groups. Services are provided under a General Medical Services (GMS) contract with NHS England.

The practice is in a converted residential property which the GP principal part-owns. On street parking is available nearby. There are three GP consulting rooms and one practice nurse treatment room. The premises and facilities are wheelchair accessible and there is a hearing loop.

The GP principal and a salaried GP together provide the equivalent of two whole time GPs. Both GPs are male. There is a regular GP locum who provides cover when needed and additional capacity in the winter months when

demand on the service is higher. There are two part time practice nurses and a part time healthcare assistant. There is a team of reception, administrative and secretarial staff and a practice manager. One of the receptionists is also the healthcare assistant for the practice.

The practice's opening times are:

- 8.00am to 1.00pm and 2.00pm to 6.30pm Monday to Friday.

Patients are directed to an out of hours GP service outside these times.

Appointments are available at the following times:

- 9.00am to 11.30pm and 4.00pm to 6.30pm on Monday to Friday
- 6.30pm to 8.00pm on Monday (extended hours face to face appointments)
- 6.30pm to 8.00pm on Tuesday (telephone appointments)

R Isaacson - The Surgery is registered with the Care Quality Commission to carry on the following regulated activities at 192 Colney Hatch Lane, Muswell Hill, London N10 1ET: Diagnostic and screening procedures, Maternity and midwifery services, and Treatment of disease, disorder or injury. One of the partners left the practice in March 2016 and the provider is in the process of amending their registration with CQC accordingly. Part of this is changing the registered name of the practice to Colney Hatch Lane Surgery.

We had previously conducted an announced comprehensive inspection of the practice on 18 August 2015. As a result of our findings during that visit, the practice was rated as good for being caring, responsive, and well led, and requires improvement for being safe and effective. This resulted in a rating of requires improvement

# Detailed findings

overall. We found that the provider had breached one regulation of the Health and Social Care Act 2008: Regulation 9(3)(b) Person-centred care. You can read the report from our last comprehensive inspection at [www.cqc.org.uk/location/1-540467299](http://www.cqc.org.uk/location/1-540467299). The practice wrote to us to tell us what they would do to make improvements and meet the legal requirements.

At this inspection on 27 September 2016 we found the provider had remedied the shortfalls found during the previous inspection.

## Why we carried out this inspection

We carried out an announced comprehensive inspection of this service on 27 September 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We carried out this inspection because the service was not meeting some legal requirements during our previous visit on 18 August 2015. The 18 August 2015 inspection report is available at [www.cqc.org.uk/location/1-540467299](http://www.cqc.org.uk/location/1-540467299).

The inspection on 27 September 2016 was conducted to check that improvements planned by the practice to meet legal requirements had been made.

## 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 27 September 2016. During our visit we:

- Spoke with a range of staff (GP, nursing, practice manager and administrative and receptionist 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 comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available in the reception area and in the practice manager's room. There was an incident management procedure in place; however there was no specific policy or procedure about the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- The GP principal demonstrated that when things went wrong with care and treatment, patients would be informed of the incident and would receive reasonable support, truthful information, a written apology and would be told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed significant event reviews and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, the practice reviewed its procedures for dealing with any potential breach of patient confidentiality after a patient had received correspondence that was not addressed to them.

We also reviewed how the practice acted on patient safety alerts. Each GP received the alerts and we saw examples of them acting on alerts relevant to the practice. However the practice did not keep a centralised record of action taken and could not provide assurance that all relevant patient safety alerts were acted on.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly

outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. Refresher training for non clinical staff had been booked for January 2017 and they were being registered for relevant e-learning courses also. GPs and practice nurses were trained to child protection or child safeguarding level 3.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. One of the practice nurses was the infection control clinical lead. There was an infection control protocol in place and staff had received training. Refresher training was booked for 04 October 2016. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- We reviewed one personnel file 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.

Many of the arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, recording, handling, storing, security and disposal). 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. A system had been put in place since our last inspection to store blank prescription forms and pads securely and their use was monitored. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Nurses and healthcare assistants also administered vaccines and medicines

## Are services safe?

against a patient specific prescription or direction from a prescriber. While procedures were in place for handling repeat prescriptions, which included the review of high risk medicines, we saw that the procedure was not followed in every instance. For example:

- We looked at the records for three patients taking warfarin and for one of them the INR reading was not up to date. The international normalised ratio (INR) is a measure of how long it takes the patient's blood to clot and is used to determine the dose of warfarin the patient needs.
- The records of two patients taking methotrexate (a medicine for arthritis) showed blood tests to check for early signs of side effects had not been carried out.
- The records of three patients taking lithium (a medicine for mood disorders) showed that they had all received blood tests that would ensure the medicine was prescribed such that any side effects were minimised.

### 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 the practice manager as the local health and safety representative. The practice had up to date fire risk assessments and carried out fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

### Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received basic life support training. Clinical staff had completed update training within the last 12 months and non clinical staff were due to have refresher training. The provider had commissioned an e-learning provider for this and staffs were being registered for the relevant courses: training to be completed by 31 October 2016.
- The practice had two defibrillators available on the premises. Since our last inspection the provider had equipped the practice with medical oxygen with adult and children's masks. A first aid kit and an accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

- Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. For example they attended study days and training courses and accessed online training. The monthly practice meetings provided an opportunity to discuss the implementation of new guidelines in the practice.
- The practice monitored that these guidelines were followed through audits and outcomes monitoring.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 58% of the total number of points available in 2014-15, comparing unfavourably with the CCG and England averages, both 95%.

Exception reporting for the clinical domain (combined overall total) was three per cent, below the CCG average of seven per cent and the England average of nine per cent. (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). Exception reporting for Depression only was comparatively high (practice 40%, CCG 22%, England 24.5%), however the notes we looked at showed the practice had followed the standard criteria for exception reporting.

The practice demonstrated that it had improved significantly in 2015-16 when it achieved 85% of the total number of points available. We saw that continued efforts to establish a more organised approach to chronic disease management and to engage in secondary prevention were producing good results in 2016-17. For example:

Performance for diabetes related indicators on 26 September 2016 (approximately six months into the current QOF year) was:

- 76% for the percentage of people with diabetes in whom the last blood pressure reading within the preceding 12 months is 140/80 mmHg or less (in 2014-15 the CCG average was 79% and the national average was 81%)
- 90% for the percentage with a record of a foot examination and risk classification within the preceding 12 months (87% was the CCG average in 2014-15 and the national average was 88%)

Performance for mental health related indicators on 26 September 2016 (approximately six months into the current QOF year) was:

- 67% for the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months. The target for 2016-17 is 90%.
- 90% for the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (the CCG average was 92% in 2014-15 and the England average was 90%).
- 71% for the percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months (the CCG average was 85% in 2014-15 and the England average was 84%).

There was evidence of quality improvement and improving patient outcomes including clinical audit.

- We were shown two completed clinical audits carried out in the last year, where the improvements made were implemented and monitored. One was an inadequate smears audit which showed that a smaller proportion of the total number of smears taken were inadequate in 2015 than in 2014. The action plan put in place following the 2014 audit included, for example, strengthening checks to ensure samples are correctly labelled with all the patient's details. The other showed that an increased focus by telephone, sending out invitation letters to patients and seeing patients opportunistically



# Are services effective?

## (for example, treatment is effective)

increased the number of diabetic patients having a foot risk assessment by 45% in 2015-16 on the previous year. There had been no completed clinical audits at our last inspection.

- The practice participated in local audits and benchmarking.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, health and safety and confidentiality. There was also a GP induction pack for GP locums which provided information about the practice's systems, for example for making referrals.
- 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, providing sexual health services, and performing chaperone duties.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and attending CCG study days.
- The learning needs of staff were identified through a system of appraisals, meetings and in response to practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. The practice nurses had had an appraisal within the last 12 months. Non clinical staff workloads, roles and responsibilities were being reviewed following the closure of the branch surgery in April 2015 and the consolidation of all services and staff on the one site, and the appraisal process for these staff was being aligned to this work. All staff told us there was plenty of scope to discuss their training and development needs and to have these met by the provider.

- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. The provider had commissioned an e-learning provider and was registering staff for e-learning training courses relevant to their roles and responsibilities. The provider also made use of 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 medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital.

### Consent to care and treatment

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

- Staff demonstrated understanding of 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 nurse worked with the carer to make a decision about treatment or care in the best interests of the patient.
- The practice worked with specialist services, for example to carry out the annual health check for people with a learning disability.

### Supporting patients to live healthier lives

# Are services effective?

(for example, treatment is effective)

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

- Registers were kept of patients receiving end of life care, carers, and those people with a learning disability.
- Additional support was available for patients at risk of developing a long-term conditions and those requiring advice on their diet, smoking and alcohol cessation and patients were signposted to relevant services.

The practice's uptake for the cervical screening programme at 26 September 2016, six months in to the current QOF year, was 76%. In 2014-15 the practice achieved 72%; the CCG average was 79% and the national average was 82%. The practice attributed the improvement in uptake to having a more organised approach to recalling patients when their test was due and to offering the test opportunistically as well. There were failsafe systems in

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

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 62% to 90% and five year olds from 58.5% to 94%.

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



# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

We observed members of staff were courteous and 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.

Nineteen of the 20 patient Care Quality Commission comment cards we received were positive about the service experienced. These patients said they felt the practice offered a good or 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 in line with local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 81% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 88.5% and the national average of 89%.
- 81% of patients said the GP gave them enough time (CCG 84%, national 87%).
- 90% of patients said they had confidence and trust in the last GP they saw (CCG 95%, national 95%).
- 75% of patients said the last GP they spoke to was good at treating them with care and concern (national 85%).
- 82% of patients said the last nurse they spoke to was good at treating them with care and concern (national 91%).
- 84% of patients said they found the receptionists at the practice helpful (CCG average, national 87%).

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

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

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:

- 67% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and the national average of 86%.
- 68% of patients said the last GP they saw was good at involving them in decisions about their care (national average 82%).
- 72% of patients said the last nurse they saw was good at involving them in decisions about their care (national average 85%).

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

- Staff told us that translation services were available for patients who did not have English as a first language.
- Information about the practice, services and support groups, and about health conditions was available on the practice website. People using the website could select the language in which they wanted to read this information.

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

Patient information leaflets and notices were available in the patient waiting area and on the practice website which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

## Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 134 patients as carers (two per cent of the practice list). Information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, the GP contacted them to offer their condolences and support. Information about support services was available.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice offered extended hours face to face consultations between 6.30pm and 8.00pm on Monday evenings, and telephone consultations between 6.30pm and 8.00pm on Tuesday evenings for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- There were disabled facilities, a hearing loop and translation services available.

### Access to the service

The practice's opening times were:

- 8.00am to 1.00pm and 2.00pm to 6.30pm Monday to Friday.

Patients were directed to an out of hours GP service outside these times.

Appointments were available at the following times:

- 9.00am to 11.30pm and 4.00pm to 6.30pm on Monday to Friday.
- 6.30pm to 8.00pm on Monday (extended hours face to face appointments).
- 6.30pm to 8.00pm on Tuesday (telephone appointments).

In addition to pre-bookable appointments that could be booked up to two 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 comparable to national averages.

- 74% of patients were satisfied with the practice's opening hours compared to the national average of 79%.
- 68% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

People told us on the day of the inspection that they were able to get appointments when they needed them, although two patients said two weeks was longer than they would like to wait.

### Listening and learning from concerns and complaints

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

- The practice had formalised its complaints policy in writing since our last inspection. The complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. All staff had received training on handling complaints.
- 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, for example there was a complaints poster in the reception area.

We looked at four complaints received in the last 12 months and found complaints were handled satisfactorily and dealt with in a timely and open way. Lessons were learnt from individual concerns and complaints and also from analysis of trends, and action was taken as a result to improve the quality of care. For example, the practice had re worded the letter it sent to patients when they did not attend their appointment (DNA) to be more acceptable to patients and to include more information explaining the practice's DNA policy.

# 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 was concerned to consolidate and bed in new arrangements put in place following the close of a branch surgery in April 2015 and changes in the GPs working at the practice: one of the partners had left in March 2016 and a new full time salaried GP started in July 2016.

Not all of the patients that had used the branch surgery had stayed with the provider and the practice list was beginning to stabilise. This had enabled the practice to begin to develop the workforce it needed to meet its patients' needs. Staff told us they were beginning to feel on top of things again after all the changes in the past 18 months.

The practice continued to aim to provide high quality, safe and effective services to all patients.

### Governance arrangements

The practice had an overarching governance framework which supported the practice's plans and delivery of 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 available to all staff.
- A comprehensive understanding of the Quality and Outcomes Framework performance of the practice was maintained. This has led a significant and sustained improvement in performance in 2015-16 and in to 2016-17.
- A programme of clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements in place for identifying, recording and managing risks and issues, and implementing mitigating actions; however arrangements around safe repeat prescribing of high risk medicines were not embedded.

### Leadership and culture

The GP principal told us they prioritised safe, high quality and compassionate care. Staff told us the GPs were approachable and always took the time to listen to all members of staff.

The provider demonstrated a commitment to being open and transparent, there was however no written procedure in place for identifying and handling notifiable safety incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).

There was a clear leadership structure in place and staff felt supported by management.

- Staff told us the practice held regular team meetings and that there was good teamwork.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported by the GPs and the practice manager. All staff were involved in discussions about how to run and develop the practice, and the GP principal and practice manager encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

### Seeking and acting on feedback from patients, the public and staff

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through a virtual patient participation group (PPG), and through surveys and complaints received. The PPG did not meet in person, preferring to discuss the practice's plans and to suggest areas for improvement by email. For example, the PPG had been involved in developing a survey to find out if patients thought it important that the practice was open between 1.00pm and 2.00pm. Few patients had thought it important and the practice had not changed its opening times. The practice had

# Are services well-led?

Good 

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

however changed its telephone system in response to patient feedback, so that a patient could opt to be called back by the practice in preference to waiting in a queue for the phone to be answered.

- The practice had gathered feedback from staff through meetings and discussion. Staff told us they would not

hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run, and had for example flagged the need for more female GP sessions. The provider was looking at ways of achieving this.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Medicines were not properly and safely managed. Therapeutic drug monitoring was not used to optimise individual dosage regimens for all patients on high risk medicines for example, methotrexate, lithium and warfarin.</p> <p>We looked at the records for three patients taking warfarin and the INR reading was not up to date for one of them. The records of two patients taking methotrexate showed blood tests to check for early signs of side effects had not been carried out.</p> <p>This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>