

The Warren Practice

Quality Report

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

Ratings

Overall rating for this service		Good	
Are services safe?		Good	
Are services effective?		Good	
Are services caring?		Good	
Are services responsive to people's needs?		Good	
Are services well-led?		Good	

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Warren Practice on 9 August 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they felt the practice offered an excellent service and staff were helpful, caring, professional and attentive and treated them with dignity and respect.

- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day. Negative feedback commonly cited problems getting through to the surgery by telephone which the practice was trying to address.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management.
- The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvement are:

- Revise the incident reporting form so that it supports the recording of notifiable incidents under the duty of candour.

Summary of findings

- Display fire escape route posters in the waiting area.
- Formalise a system to document minutes of weekly clinical meetings.
- Continue to pro-actively identify carers to ensure that advice and appropriate support is made available to them.
- Display notices in the reception areas informing patients that translation services are available.
- Consider installing a hearing loop to assist people with hearing loss.
- Ensure all key policies and protocols are kept up-to-date.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

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

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) 2014/15 showed patient outcomes for performance indicators relating to diabetes and some indicators relating to mental health were below local and national averages. This was attributed to the short term housing of refugees and immigrants in the area and cultural variances.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed the practice was above local averages and similar to national averages for its satisfaction scores on consultations with GPs.
- Patients said they felt the practice offered an excellent service and staff were helpful, caring, professional and attentive and treated them with dignity and respect.

Good



Summary of findings

- Information for patients about the services available was easy to understand and accessible.

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

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, the practice was a member of the Clover Health Network with other local GP practices and attended regular meetings held to discuss local services, care planning schemes and training and educational needs.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was 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.

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients.
- There was a clear leadership structure and staff felt supported by management.
- The practice held regular governance meetings and had a number of policies and procedures to govern activity, although some required updating.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The management team encouraged a culture of openness and honesty.

Good



Summary of findings

- The practice proactively sought feedback from staff and patients, which it acted on. The practice did not have a patient participation group but pro-actively tried to encourage membership.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

The practice is rated as good for the care of older people.

Good



- All patients over the age of 75 years had a named GP to co-ordinate their care and ensure continuity.
- There was a named lead for safeguarding vulnerable adults and staff were aware of their responsibilities to raise concerns.
- The practice used risk stratification tools to identify older patients at high risk of unplanned hospital and invited them in for review to create integrated care plans aimed at reducing this risk. These patients were reviewed six monthly and after discharge following any unscheduled hospital admission. Data showed a reduction in emergency admissions following implementation of the care plan scheme.
- The practice held monthly multi-disciplinary team meetings attended by members of the district nurses and community palliative care teams to discuss management and update care plans of older patients with complex medical needs.
- Home visits were available for patients unable to attend the practice due to illness or immobility.
- The practice provided primary medical services to a local nursing home. One of the GPs was the named lead for the nursing home and provided regular review of patients in addition to urgent reviews as required.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and held regular chronic disease clinics, for example asthma/ Chronic Obstructive Pulmonary Disease (COPD), hypertension and diabetes clinics.
- Patients with long term conditions were invited for annual health checks including medication review.
- Longer appointments and home visits were available when needed.
- The practice identified patients with long term conditions at high risk of unplanned hospital admission and invited them in for review to create integrated care plans aimed at reducing this risk. These patients were reviewed six monthly and after discharge following any unscheduled admission.

Summary of findings

- The practice held monthly multi-disciplinary team meetings attended by members of the district nurses and community palliative care teams to discuss management and update care plans of patients with complex medical needs.
- QOF data for 2014/15 showed the practice was mostly below local and national averages for performance indicators relating to long term conditions. The practice was aware of this and attributed results in part to the high turnover of patients in their practice population due to a large influx of refugees and immigrants who were housed in the area for a short time period and cultural variances. Unpublished QOF data for 2015/2016 did show improvements in some indicators.

Families, children and young people

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

- There was a named lead for safeguarding children, staff had received role appropriate training and were aware of their responsibilities to raise concerns.
- 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.
- The practice held monthly meetings with the health visitors to discuss management and update care plans for children at risk.
- Immunisation rates were similar to CCG averages for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- GP and nurse-led family planning advice and contraceptive services were available.

Good



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 practice offered extended hour appointments three times a week for patients unable to attend the surgery during normal working hours.

Good



Summary of findings

- There was the facility to book appointments and request repeat prescriptions online and SMS text reminders were sent to patients with booked appointments.
- Health checks for new patients and NHS health checks for patients aged 40–74 were offered with appropriate follow-up of any abnormalities or risk factors identified at these checks.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately. The practice was a registered yellow fever vaccine centre.

People whose circumstances may make them vulnerable

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

Good



- There was a named lead for safeguarding vulnerable adults. Staff knew how to recognise signs of abuse and were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- Patients with learning disabilities were invited for annual health checks and medication review. Longer appointments were available if required. At the time of the inspection 10 out of 22 (45%) of annual reviews had been completed.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

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).

Good



- Performance for mental health related indicators 2014/15 was below the national average. For example, 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 was 42% (CCG average 92%, national average 88%).
- 65% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months (CCG average 85%, national average 84%). Unpublished QOF data 2015/16 showed improvement for both these indicators.

Summary of findings

- The practice maintained a register of patients experiencing poor mental health and these patients were invited for annual health checks and medication review.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice informed 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 on July 2016. The results showed the practice performance was above local and national averages in some areas but fell below in others. Two hundred and ninety five survey forms were distributed and 112 were returned. This represented 1.6% of the practice's patient list.

- 50% of patients found it easy to get through to this practice by phone compared to the CCG average of 69% and the national average of 73%.
- 80% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 72% and the national average of 76%.
- 81% of patients described the overall experience of this GP practice as good compared to the CCG average of 79% and the national average of 85%.

- 67% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 72% and the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 29 comment cards which were all mostly positive about the standard of care received. Comments received described the staff as helpful, caring, professional and attentive and the environment as safe and clean. The few negative comments received concerned issues with getting through to the practice on the phone.

We spoke with ten patients during the inspection. All ten patients said they were satisfied with the care they received and thought staff were approachable and caring. Results from the Friends and Family Test (FFT) for the period August 2015 to July 2016 showed that 78% of respondents would recommend the practice to their friends and family.

Areas for improvement

Action the service **SHOULD** take to improve

- Revise the incident reporting form so that it supports the recording of notifiable incidents under the duty of candour.
- Display fire escape route posters in the waiting area.
- Formalise a system to document minutes of weekly clinical meetings.
- Continue to pro-actively identify carers to ensure that advice and appropriate support is made available to them.

- Continue to encourage the uptake of cervical smear screening.
- Display notices in the reception areas informing patients that translation services are available.
- Consider installing a hearing loop to assist people with hearing loss.
- Ensure all key policies and protocols are kept up-to-date.

The Warren Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, a practice manager specialist adviser and an expert by experience.

Background to The Warren Practice

The Warren Practice is a well-established GP practice situated within the London Borough of Hillingdon which was originally founded in the early 1930's. The practice lies within the administrative boundaries of NHS Hillingdon Clinical Commissioning Group (CCG) and is a member of the Clover Health Network in the Hayes and Harlington locality. The practice is an accredited training practice for GP trainees.

The practice provides primary medical services to approximately 7,100 patients living in Hayes. The practice holds a General Medical Services Contract and Directed Enhanced Services Contracts. The practice is located at Warren Medical Centre, Uxbridge Road, Uxbridge, with good transport links by bus services. The practice experiences a high turnover of patients due to a large influx of refugees and immigrants who are housed in the area for a short time period.

The practice operates from the Warren Medical Centre which is a purpose built building owned and managed by a local NHS Foundation Trust. The practice has occupied the premises for 20 years on a long term lease and shares the premises with another other health care organisation. The practice has eight consultation rooms, one treatment room and a reception and waiting area on the ground floor of the

premises. There is wheelchair access to the entrance of the building and toilet facilities for people with disabilities. There are two designated disabled parking bays at the front of the practice.

The practice population is ethnically diverse and has a higher than the CCG average number of patients between five and 18 years of age and of patients 65 years plus. The practice area is rated in the fifth more deprived decile of the national Index of Multiple Deprivation (IMD). People living in more deprived areas tend to have greater need for health services. Data from Public Health England 2014/15 shows that the practice has a higher percentage of patients with a long-standing condition compared to CCG and England averages (60%, 50%, and 54% respectively).

The practice is registered with the Care Quality Commission to provide the regulated activities of diagnostic & screening procedures, family planning, maternity & midwifery services, surgical procedures and treatment of disease disorder & Injury. At the time of inspection the practice was registered with the CQC as a joint GP partnership however one of the two GP partners had retired in March 2016 although CQC had not been correctly informed of the change. An application has since been submitted and approved for the principal GP as a sole provider.

The practice team comprises of one male GP partner, four female salaried GPs and one GP registrar who all collectively work a total of 33 clinical sessions per week. They are supported by three part time practice nurses, a practice manager and nine administration staff.

The practice opening hours are 8.45am to 6pm Monday to Friday with the exception of Wednesday when it is closes at 12.30pm. Consultation times in the morning are from 8.50am to 11.40am and in the afternoon from 2pm to 6pm Monday to Friday. Telephone consultations are offered daily and bookable appointments can be booked up to six weeks in advance. Extended hour appointments are

Detailed findings

offered from 7am to 8am Tuesday, Thursday and Friday. The out of hours services are provided by an alternative provider. The details of the out-of-hours service are communicated in a recorded message accessed by calling the practice when it is closed and on the practice website.

The practice provides a wide range of services including chronic disease management, minor surgery and health checks for patients 40 years plus. The practice also provides health promotion services including, cervical screening, childhood immunisations, contraception and family planning.

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 9 August 2016. During our visit we:

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

- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form did not explicitly support the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, an apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, following the theft of a doctor's bag containing blank prescriptions the practice had revised their protocol about the content and security of GP bags.

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. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on

safeguarding children and vulnerable adults relevant to their role. GPs were trained to child safeguarding level three, nurses to level two and non-clinical staff to level one.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice senior nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place, infection control audits were undertaken and there was evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions (PGD) had been adopted by the practice to allow nurses to administer medicines in line with legislation. (PGD is a written instruction for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment).
- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service (DBS).

Are services safe?

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The landlord had up to date fire risk assessments for the building and carried out regular fire drills and weekly fire alarm tests. However, it was observed that there was no fire escape route displayed in the waiting area. 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 control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All clinical staff had received face to face basic life support (BLS) training in the last year and non-clinical staff had recently completed on line training. The practice had plans to organise annual face to face BLS training for all staff in the coming year.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were available and 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 business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and arrangements with a local GP practice for use of their premises in the event of whole building damage.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. New guidance was regularly discussed at weekly clinical meetings, though these meetings were not minuted.
- The practice monitored that these guidelines were followed through risk assessments and audits.

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 2014/15 were 75% of the total number of points available. Unpublished QOF data for 2015/16 showed an improved overall total achievement rate of 93%, which was just below the CCG average of 96% and the national average of 95%.

Clinical exception reporting for 2014/15 was 6.4%, which was below the CCG average of 7.8% and the national average of 9.2%. (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).

The practice was fully aware of QOF clinical targets and the areas where they were an outlier including those relating to diabetes, mental health and hypertension. They attributed low performance in part due to a high turnover of patients in their practice population, due to a large influx of refugees and immigrants who were housed in the area for a short time period and cultural variances. They told us that they had focused upon improving low performance areas and were able to demonstrate higher QOF performance in 2015/16 for several clinical indicators although this data had yet to be published.

QOF data from 2014/2015 showed:

Performance for diabetes related indicators were below CCG and national averages. For example;

- The percentage of patients with diabetes in whom the last IFCC- HbA1c was 64 mmol/mol or less in the preceding 12 months was 60%, which was below the CCG average of 74% and national average of 78%. Unpublished QOF data for 2015/16 showed improvement for this indicator with an achievement rate of 73% (CCG average 75%, national average 78%).
- The percentage of patients with diabetes in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less was 64%, which was below the CCG and national averages of 78%. Unpublished QOF data for 2015/16 showed slight improvement for this indicator with an achievement rate of 66% (CCG average 78%, national average 77%).
- The percentage of patients with diabetes, on the register, who have had influenza immunisation was 70%, which was significantly below the CCG average of 92% and the national average of 94%. Unpublished QOF data for 2015/16 showed improvement for this indicator with an achievement rate of 92% (CCG average 94%, national average 95%).
- The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) was 5 mmol/l or less was 64%, which was below the CCG average of 77% and the national average of 81%. Unpublished QOF data for 2015/16 showed improvement for this indicator with an achievement rate of 74% (CCG average 77%, national average 80%).
- The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 54%, which was significantly below the CCG average of 86% and the national average of 88%. Unpublished QOF data for 2015/16 showed improvement for this indicator with an achievement rate of 73% (CCG average 85%, national average 89%).

Performance for mental health related indicators were below CCG and national averages in some areas. For example;

- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 42%, which was

Are services effective?

(for example, treatment is effective)

significantly below the CCG average of 92% and national average of 88%. Unpublished QOF data for 2015/16 showed improvement for this indicator with an achievement rate of 91% (CCG average 91%, national average 89%).

- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption had been recorded in the preceding 12 months was 92%, which was similar to the CCG average of 93% and national average of 90%. Unpublished QOF data for 2015/16 showed improvement for this indicator with an achievement rate of 98% (CCG average 92%, national average 89%).

Performance for hypertension related indicators was below CCG and national averages. For example;

- The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less was 65%, which was significantly below the CCG average of 83% and the national average of 84%. Unpublished QOF data for 2015/16 showed improvement for this indicator with an achievement rate of 79% (CCG average 82%, national average 83%).

There was evidence of quality improvement including clinical audit.

- There had been two clinical audits completed in the last two years, both of these were completed prescribing audits where the improvements made were implemented and monitored. For example, an audit was completed to review management of vitamin D deficiency and monitor adherence to local prescribing guidelines. The first cycle data showed variation between GPs in prescribing vitamin D supplements in patients with vitamin D deficiency. The results were discussed at the practice clinical meeting to highlight the issue and ensure staff were up to date with local guidelines. Subsequent re-audit found improvement in results with more of the GPs prescribing supplements correctly, but this did not apply to all the GPs and thus required re-audit.
- The practice participated in local audits, national benchmarking and best practice sharing with other local practices.
- Findings were used by the practice to improve services. For example, the practice attended regular CCG led meetings to review performance data such as

prescribing and referral rates to identify areas for improvement. Following advice from the local prescribing advisor the practice conducted an audit into antibiotic prescribing and found that clinical staff were not following local antibiotic guidelines in all cases. The data was discussed and guidelines reviewed in the clinical meeting and subsequent re-audit found the majority of antibiotics were prescribed in line with the guidance.

- Information about patients' outcomes was used to make improvements. For example, the practice engaged in local enhanced services to identify patients at high risk of hospital admission using risk stratification tools and invited these patients in for review to create integrated care plans aimed at reducing this risk. These patients were reviewed every six months to update care plans and also following any unplanned admission. Data showed a 43% reduction in emergency admissions since the unplanned admission scheme had been implemented.

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 infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions and those providing family planning advice and care.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes. For example, by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the

Are services effective?

(for example, treatment is effective)

scope of their work. This included ongoing support, one-to-one meetings, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.

- Staff received training that included; safeguarding, fire safety awareness, and basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training, although some staff felt they needed more protected time to complete this.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- Smoking cessation advice was available from the practice nurses.
- The practice's uptake for the cervical screening programme 2014/15 was 70%, which was below the CCG average of 78% and the national average of 82%. Unpublished QOF data for 2015/16 showed no improvement for this indicator with an achievement rate of 69% (CCG average 77%, national average 81%). There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice told us they opportunistically offered cervical screening when patients attended for other reasons. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.
- Childhood immunisation rates for the vaccinations given were similar to the CCG 2014/15. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 90% to 98% (CCG averages from 90% to 95%) and five year olds from 93% to 97% (CCG averages from 88% 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 very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

The majority of patient Care Quality Commission (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, professional and attentive and treated them with dignity and respect. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 88% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 83% and the national average of 89%.
- 89% of patients said the GP gave them enough time compared to the CCG average of 80% and the national average of 87%.
- 95% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 92% and the national average of 95%.
- 85% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 78% and the national average of 85%.

- 87% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 86% and the national average of 91%.
- 89% of patients said they found the receptionists at the practice helpful compared to the CCG average of 83% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

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

- 81% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 80% and the national average of 86%.
- 82% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 75% and the national average of 82%.
- 82% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 81% and the national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language. However, there were no notices in the reception areas informing patients this service was available. The practice team spoke a range of languages, including those spoken by many of the practice's population groups.

Are services caring?

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 48 patients as carers (0.7% of the practice list). Patients identified as

carers were offered annual health checks including flu immunisations and they were referred to the local carer's service if required. Written information was available to direct carers to the various avenues of support available to them.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The practice was a member of the Clover Health Network with other local GP practices and attended regular meetings held to discuss local services, care planning schemes and training and educational needs.

- The practice offered extended hours on a Tuesday, Thursday and Friday morning from 7am to 8am 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 emergency appointments were available for children and those patients with medical problems that require same day consultation.
- The practice in conjunction with participating local pharmacies ran a minor ailment scheme to provide easier access to advice and treatment for patients with minor illnesses.
- There was the facility to book/cancel appointments and request repeat prescriptions online and SMS text reminders were sent to patients with booked appointments.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately. The practice was a registered yellow fever vaccine centre.
- There was on site access to physiotherapy and counselling services.
- There were disabled facilities and translation services available however, there was no hearing loop to assist people with hearing loss.

Access to the service

The practice was open from 8.45am to 6.00pm Monday to Friday with the exception of Wednesday when it closed at 12.30pm. Appointments in the morning were from 8.50am to 11.40am Monday to Friday and in the afternoon from

2.30pm to 6pm Monday, Tuesday, Thursday and Friday. Extended hour appointments were offered from 7am to 8am Tuesday, Thursday and Friday. In addition to pre-bookable appointments that could be booked up to six weeks in advance, on the day urgent appointments were also available in the morning and afternoon. Telephone consultations for routine or urgent issues/concerns were available on request.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment for some aspects were similar to national averages.

- 78% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and the national average of 79%.
- 49% of patients said they could get through easily to the practice by phone compared to the CCG average of 69% and the national average of 73%.

People told us on the day of the inspection that they were able to get appointments when they needed them. Some patients described difficulties getting through on the phone and said it could be up to a week wait for a routine appointment. The practice were aware of issues with telephone access and had addressed this in the short term by ensuring there were two dedicated reception staff available to answer telephones and were liaising with the telephone network provider to find solutions to manage the large volume of calls in the long term.

The practice had a system in place to assess whether a home visit was clinically necessary and the urgency of the need for medical attention. All home visit requests were considered and prioritised by the GPs according to clinical need. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.

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

- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system for example, complaints protocol and leaflet.

We looked at two complaints received in the last 12 months and found these were satisfactorily handled, with openness

and transparency and dealt with in a timely 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, following a complaint concerning the level of difficulty getting through to the surgery by telephone and receptionist attitude, the practice discussed the issue in the practice meeting to identify areas for learning and improvement.

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 vision to deliver high quality care and promote good outcomes for patients in a caring efficient manner.

- The practice had a mission statement which set out their core values of which staff were aware. However this was not publicised in the practice or on the practice website.
- The practice had a development strategy and supporting project plan which reflected the vision and values. The practice was aware of the challenges it currently faced and had short term goals to address this. For example, their project plan for 2016/17 included a review and restructure of the practice opening times to accommodate patient demands and to employ another doctor.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies and protocols were implemented and were available to all staff however, we observed that some required updating. For example, it was observed that the retired GP partner was referred to in some policies.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the principal GP demonstrated they had the experience, capacity and capability to run the

practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the management team were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The management team encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and an apology.
- The practice kept written records of verbal interactions as well as written correspondence.

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

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

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.

- The practice did not currently have a Patient Participation Group (PPG) but had done in the past this was dissolved due to age and illness. We were told that they had since tried to re-establish a new PPG and had actively attempted to recruit members by posters in the waiting room, adverts on the website, newsletter and opportunistically when patients saw members of staff. They were also in the process of developing a virtual PPG.
- The practice had gathered feedback from an internal patient survey undertaken for two weeks in June 2016.

Are services well-led?

Good 

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

The practice had in response developed an action plan to address areas of concern some of which had been implemented. For example, the practice had recently added more appointments to their morning and evening surgeries and provided telephone consultation appointments for certain test results.

- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, the practice made use of a local primary care navigator to support high risk patients in the management of their health and social care needs. The practice was one of 15 member GP practices of the Clover Health Network set up to improve healthcare provision. All practice staff had access to on-line healthcare training provided by an accredited training academy.