

# Queens Avenue Practice

## Quality Report

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

## Ratings

### Overall rating for this service

Requires improvement



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?

Requires improvement



# 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 Queens Avenue Surgery on 7 September 2016. Overall the practice is rated as Requires Improvement.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses.
- There was a lack of overall governance by the partners at the surgery.
- Risks to patients were assessed and but not always managed correctly. For example, the storage of some vaccines were contained in a domestic refrigerator which was not temperature monitored.
- Patients said they were treated with compassion, dignity and respect.

- The surgery did not have effective infection control processes in place. This was evidenced on the day of inspection as the inspection team witnessed the storage of medical devices in a visibly unclean container.
- The surgery had a number of policies and procedures to govern activity, but some were overdue a review.

The areas where the provider must make improvements are:

- Ensure that all vaccines used are stored appropriately and that all medical devices are stored and cleaned to appropriate infection control standards.

The areas where the provider should make improvements are:

- Review and update surgery policies, procedures and guidance.
- Review how patients with caring responsibilities are identified and recorded on the clinical system to ensure information, advice and support is available to them.
- Identify a suitable accessible location for the storage of emergency oxygen held at the surgery.

# Summary of findings

- Conduct disability assessment audit regarding the lack of a disabled toilet at the surgery.
- Ensure that all staff undertake Information Governance training.
- Review arrangements for the adequate provision of nursing services.

**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.

- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice on the day of inspection did not keep patients safe
- Risks to patients were assessed and managed. However, on the day of inspection, the practice did not have effective infection control processes in place to keep patients safe.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks.
- There was an effective system in place for reporting and recording significant events.

**Requires improvement**



### Are services effective?

The practice is rated as good for providing effective services.

- Data showed patient outcomes were mixed compared to the national average. For example, the percentage of patients with diabetes, on the register, who have had an influenza vaccines in the preceding 1 August to 31 March was 81% compared to the national average of 94%.
- Staff had the experience to deliver effective care and treatment.
- There was evidence that audit was driving improvement in patient outcomes.
- There was evidence of appraisals and personal development plans for all staff.

**Good**



### Are services caring?

The practice is rated as good for providing caring services.

- 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.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.

**Good**



# Summary of findings

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet most of their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- The surgery 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.

Good



## Are services well-led?

The practice is rated as requires improvement for being well-led.

- There was no clear leadership structure in place and as a result there was no one person responsible for governing the practice and governance issues.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice had a number of policies and procedures to govern activity, but some of these were overdue a review.
- The practice had a vision to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.

Requires improvement



# 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 provider was rated as requires improvement for safe and well-led. The issues identified as requiring improvement overall affected all patients including this population group. However:-

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice offered an in-house and at home phlebotomy to this population group
- A bypass number and email address to the surgery has been provided not only to members of this population group, but to their carers also.

**Requires improvement**



### People with long term conditions

The provider was rated as requires improvement for safe and well-led. The issues identified as requiring improvement overall affected all patients including this population group. However:-

- Clinicians had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months (01/04/2014 to 31/03/2015) was 92% compared to the CCG average of 85% and the national average of 88%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

**Requires improvement**



### Families, children and young people

The provider was rated as requires improvement for safe and well-led. The issues identified as requiring improvement overall affected all patients including this population group. However:-

**Requires improvement**



# Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The percentage of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding 5 years (01/04/2014 to 31/03/2015) was 86% compared to the CCG average of 80% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

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

The provider was rated as requires improvement for safe and well-led. The issues identified as requiring improvement overall affected all patients including this population group. However:-

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice offers telephone and email consultations.
- However, the practice did not offer extended hours surgery such early morning or evening appointments.

Requires improvement



## People whose circumstances may make them vulnerable

The provider was rated as requires improvement for safe and well-led. The issues identified as requiring improvement overall affected all patients including this population group. However:-

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice 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.

Requires improvement



# Summary of findings

- 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.

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

The provider was rated as requires improvement for safe and well-led. The issues identified as requiring improvement overall affected all patients including this population group. However:-

- 100% of patients (which equates to 30 patients) diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which is higher than the national average of 84%.
- 94% of patients with schizophrenia, bipolar effective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months, which is above the national average of 89%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

**Requires improvement**





# Summary of findings

## What people who use the service say

The National GP Patient Survey results were published in January 2016. The results showed the practice was performing in line with local and national averages. Two hundred and sixty four survey forms were distributed and 114 were returned. This represented approximately 3% of the practice's patient list.

- 89% 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%.
- 88% 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 71% and the national average of 76%.
- 93% of patients described the overall experience of this GP practice as good compared to the CCG average of 77% and the national average of 85%.

- 90% 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 28 comment cards which were all positive about the standard of care received. The majority of comments received stated that reception staff were helpful and pleasant, that the doctors care and listen to concerns as well as providing good quality treatment.

We spoke with two patients during the inspection. Both patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. The Friends and Family Test undertaken by the practice during the months March 2016 - August 2016 revealed that 187 out of 199 patients would recommend the practice.

# Queens Avenue Practice

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, a practice nurse specialist adviser and an Expert by Experience.

- 9am – 12pm (Monday, Tuesday)
- 8:30am – 12pm (Wednesday, Thursday, Friday)
- 2pm – 3:30pm (Monday)
- 4pm – 6pm (Monday - Friday)

The practice does not offer extended hours surgery. Patients can book appointments in person, by telephone and online via the practice website.

Patients requiring a GP outside of practice opening hours are advised to contact the NHS GP out of hours service on telephone number 111.

The practice has a General Medical Services (GMS) contract and conducts the following regulated activities:-

- Diagnostic and screening procedures
- Treatment of disease, disorder or injury
- Maternity and midwifery services

Haringey Clinical Commissioning Group (CCG) is the practice's commissioning body.

Queens Avenue Surgery was inspected under our previous inspection programme in 2014. The Surgery was found to be compliant with CQC requirements at this time.

## 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.

## Background to Queens Avenue Practice

Queens Avenue Surgery is located in a primarily residential area in Muswell Hill, North London. The practice is located in a converted mid-terrace house. There is a bay for parking for disabled patients in front of the surgery and a bus stop approximately ten minutes' walk from the practice.

There are approximately 4800 patients registered at the practice. Statistics shows low income deprivation among the registered population. The registered population is slightly higher than the national average for those aged between 5-14 and 35-49. Patients registered at the practice come from a variety of geographical and ethnic backgrounds including Asian, Western Europe and Eastern European.

Care and treatment is delivered by three GPs partners (two male and one female) and one salaried GP (female) who between them conduct approximately 20 clinical sessions weekly. There is no Practice Nurse at the surgery. Three administrative/reception staff work at the practice and are led by a Practice Administrator.

The practice is open from the following times:-

- 8am – 6:30pm (Monday - Friday)

Clinical sessions are run at the following times:-

# Detailed findings

## 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 inspection on 7 September 2016.

During our visit we:

- Spoke with a range of staff (GP's, Practice Administrator and Receptionist) 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 administrator of any incidents and there was a log of the incident kept in a book at reception. There was also an incident recording form which supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out an 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, we saw a significant event analysis report regarding a delay in a patient receiving a prescription for medicine due to mis-communication between the reception staff and a member of the clinical staff. This event was recognised as a significant event due to the lack of communication between the reception team and clinical staff, which could have led to the condition of the patient deteriorating from not having the required medication. A discussion was held with the reception team to inform them that all requests for medication should be dealt with at once and passed to the duty doctor to action.

### 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. For example,;

- 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 protection or child safeguarding level 3. Non-clinical staff were trained to safeguarding level 1.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice had not maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The Practice Administrator was the infection control clinical lead; however there was no recent liaison with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place, but there was no evidence that staff had received up to date training. An infection control audit was undertaken in May 2016 but this audit was limited in scope by the knowledge in infection control that staff conducting the audit had attained. On the day of the inspection, we noted that only one out of the four of the rooms used by clinical staff had compliant elbow taps and sink. In addition, we noted that there was no cleaning schedule in place for specific clinical equipment. For example, we saw equipment used for ear syringing to be visibly unclean.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice on the day of inspection did not keep 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 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, however there was no evidence that systems were in

## Are services safe?

place to monitor their use. The practice had a pharmacy refrigerator to store vaccines held at the practice. This fridge was monitored and a log of temperature recording stored. During the inspection, members of the inspection team entered one of the clinician's room and found a small domestic refrigerator was being used to also store vaccines. The fridge contained both in-date and out-of-date vaccines. There were two independent thermometers placed on the shelves, but there was no record of temperature recording being conducted on this fridge. The fridge was visibly not clean and also contained a number of opened bottles of water and plastic bags. Within this room also, we noted an open plastic container that was on a shelf being used to store a variety of items such as a peak-flow meter, hand gels and urine testing strips. Again, this container was visibly dirty and appeared not to have been cleaned recently. When the inspection team approached the senior partner at the practice as to why vaccines were being stored in an unmonitored domestic fridge, she said that she was unaware that this had been occurring, and that clinician in question knew that all vaccines should be stored in the pharmacy fridge. The inspection team advised that the domestic fridge should be quarantined at once, to check with the manufacturers of the in-date vaccines to ascertain the efficacy of vaccines where temperature monitoring has not occurred, but ultimately consider that all vaccines within the domestic fridge should be destroyed as the temperature at which the vaccines were being stored could not be verified. Prior to our departure, we noted that the fridge had been quarantined and the vaccines had been removed. The open container had been removed and the sealed items contained within the container placed on the shelf.

- We reviewed four 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.

### Monitoring risks to patients

Risks to patients were assessed and managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. 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 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 arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. The oxygen held at the practice was in a room at the opposite end of the practice to the main clinical rooms and not easily accessible in the event that it would be required. A first aid kit and accident book were available.
- Emergency medicines were 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.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice assessed needs to deliver 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 to use this information to deliver care and treatment that met patients' needs.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 94% of the total number of points available, with an Exception reporting rate of 5% (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/2015 showed:

- Performance for diabetes related indicators were comparable to the national average. For example, The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 1 April to 31 March was 92% compared to the national average of 88%.
- Performance for mental health related indicators was above 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 their records, in the preceding 12 months was 100% compared to the national average of 88%.

There was evidence of quality improvement including clinical audit.

- There had been six clinical audits completed in the last two years, two of these were completed two cycle audits

where the improvements made were implemented and monitored. For example, an audit was undertaken looking at the number of inadequate cervical screening tests recorded to see if the practice figures was below the national average. During the first cycle, the practice identified that of one hundred and eighteen cervical screening test conducted; eight of those were recorded as inadequate. This figure equated to an inadequate rate of 6.8%, which is higher than the national average of 2.8%. Discussions held between clinical staff acknowledged that the results were disappointing, and identified that patient education prior to attendance for a test was important, as well as deferring tests if the clinician conducting the test believed it was appropriate to do so. A second audit was undertaken six months later, which identified that one hundred and twenty eight tests had been conducted. Of those tests, five were recorded as being inadequate, which equated to an inadequate rate of 3.9%. The practice told us that the audit would be repeated in six months.

- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result of a practice audit included contacting patients who had not been in contact with the practice following notification of an abnormal test results. GP's conducted weekly 'look-back' checks to ensure that all test (including abnormal) results received have been communicated to patients as soon as possible. Those who have an abnormal result are asked to contact the practice to discuss the result and decide what the next steps are. If after two days of the practice making contact with patient no response was received, the patients' GP made contact. If for any reason, results are not communicated when received, the 'look-back' check ensured that all patients received their results in a timely manner and that where required, a discussion with the patient took place.

### Effective staffing

Staff had the skills 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, limited infection prevention and control advice, fire safety, health and safety and confidentiality.



# Are services effective?

## (for example, treatment is effective)

- Staff administering vaccines and taking samples for the cervical screening programme could not evidence recent specific training which had included an assessment of competence. Staff who administered vaccines could not clearly 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 non-clinical staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. All staff received ongoing support, one-to-one meetings, coaching and mentoring, and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- All staff received training that included: safeguarding, fire safety awareness and basic life support. Not all staff had received recent Information Governance training. Staff had access to e-learning training modules.
- 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 assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

### 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.
- A dietary advice was available on from the GP's and patients can be referred to a dietician, if required. Smoking cessation advice was available from a local support group.

### 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.

The practice's uptake for the cervical screening programme was 86%, which was comparable to the CCG average of 80% and the national average of 82%.

There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 85% to 98% and five year olds from 86% to 95%.

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

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

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

All of the 28 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with two patients and two members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 94% 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%.
- 95% of patients said the GP gave them enough time compared to the CCG average of 79% and the national average of 87%.
- 100% 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%.
- 93% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 79% national average of 85%.

- 92% 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 above local and national averages. For example:

- 88% 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%.
- 84% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average 75% of national average of 82%.

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 leaflets were available in easy read format.
- The practice website was available to be translated into approximately 65 different languages.

### 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 19 patients as carers, which equated to less 1% of the practice list. The



## Are services caring?

practice offers health checks and flu vaccines for those identified as carers. 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 or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and 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

- 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.
- The practice did not offer extended hours.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There was a hearing loop and translation services available.
- The practice did not have a toilet for use by patients with disabilities and had not conducted a risk assessment of this issue.

### Access to the service

The practice was open between 8:30am - 6pm Monday to Friday, with the exception of Thursday when the surgery closed at 12pm.

Appointments were from:-

- 9am – 12pm (Monday, Tuesday)
- 8:30am – 12pm (Wednesday, Thursday, Friday)
- 2pm – 3:30pm (Monday)
- 4pm – 6pm (Monday - Friday)

In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

Results from the National GP Patient Survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages.

- 73% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 89% 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.

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.

If a patient calls the surgery (when the phone lines are open) requesting an urgent appointment or home visit, the Receptionists would look for the next available appointment. It is practice policy not to refuse patients requesting an urgent appointment. 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.
- 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. The practice had at reception informing patients what they should do if they wanted to make a complaint. This information was also in the practice patient leaflet and on the practice website.

We looked at the two complaints received by the practice in the last 12 months and found that these were dealt with in an open, transparent way and in a satisfactory manner. Lessons were learnt from individual concerns and complaints. For example, a patient complained to the surgery regarding having no access online to order repeat prescriptions. The patient was given a verbal apology and informed that the administrator would look at the issue. A member of the reception team accessed the online system, it was noted that the dedicated off-site team responsible for allocating online log-in details had incorrectly registered the patient name. The team was contacted to amend the patient's details and the patient was then able to access the online services. A letter of apology was sent to the patient detailing the event and the actions taken by the practice to resolve the matter.

# Are services well-led?

Requires improvement 

(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.

- The practice had a mission statement which is published on the practice website, however not all members of staff knew of the statement.
- We saw evidence that the practice had a strategic plan for the future of the practice which reflected some of mission statement of the Surgery. However, there were no timescales on when work would start on the strategy. For example, we were told that the surgery would like to recruit a nurse in the future, but they were unclear when recruitment would commence.
- The practice had a business continuity plan, but this plan had not been reviewed recently.

### Governance arrangements

The practice had a framework to support the delivery of 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.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.

However, governance arrangement did not always operate effectively For example:-

- We noted that although practice specific policies were implemented and were available to all staff. A number of these policies including the practice medical emergency policy had not been reviewed during the last twelve months.
- The practice did not always act in accordance with its policies. For example, the policy regarding the storage of vaccines and the monitoring of fridge temperatures was not being adhered to.

### Leadership and culture

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included

support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment::

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

On the day of inspection, the partners present told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and took the time to listen to all members of staff. In addition:-

- 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 by the partners in the practice, although we saw no evidence from the minutes of staff meetings that all staff were involved in discussions about how to run and develop the practice. Non-clinical staff were encouraged by the Practice Administrator 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 the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the practice patient noticeboard situated in the patient waiting area had been installed as a result of a suggestion to the practice management team by the PPG.
- The practice had gathered feedback from staff through staff meetings, appraisals and ad-hoc discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. For example, the Practice Administrator

# Are services well-led?

Requires improvement 

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

told us that following discussions with the practice partners, the practice had decided to restrict children using scooters within the premises to minimise the risk of injury to themselves, fellow patients and staff.

## Continuous improvement

The practice had recently completed a project where they had transferred the mobile numbers that were held on file for 16-18 year olds to be noted as their primary contact number to send appointment text reminders. This was done with a view to getting this age group to engage with ownership of their health matters, and not relying on a parent to remind them to attend the surgery.

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
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The provider did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users. They failed to:-</p> <p>Ensure that vaccines were stored and monitored appropriately. In addition, infection control processes were not stringent enough to identify the risks associated with storing medical devices in unclean containers.</p>