

# Dr Saramma Samuel

## Quality Report

Hillview Practice  
114 Finchley Lane  
Hendon  
London  
NW4 1DG

Tel: 020 8203 0546

Website: <http://www.thehillviewsurgery.co.uk/>

Date of inspection visit: 15 December 2016

Date of publication: 26/04/2017

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

## Ratings

### Overall rating for this service

Good



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



# Summary of findings

## Contents

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	11
Areas for improvement	11
Outstanding practice	11

### Detailed findings from this inspection

Our inspection team	12
Background to Dr Saramma Samuel	12
Why we carried out this inspection	12
How we carried out this inspection	12
Detailed findings	14

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Saramma Samuel on 15 December 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.
- The practice had clearly defined systems in place to minimise risks to patient safety, with the exception of systems in place for safely prescribing and monitoring a high risk medicine called Methotrexate. (Shortly after our inspection we were sent confirming evidence that appropriate systems were in place to maintain patient safety regarding methotrexate prescribing).
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- People had good outcomes because they received effective care and treatment that met their needs. We also saw evidence that action had been taken to improve disease prevalence and ensure that patients were being identified and treated.
- Results from the national GP patient survey showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients we spoke with 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 their needs.

# Summary of findings

- 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 practice was aware of the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.

We saw one area of outstanding practice:

- The practice participated in a diabetes self-management programme which provided patients with education and lifestyle advice and enabled them to make informed decisions about their care and treatment. A recent audit highlighted that by the end of the programme, all 18 participants had reduced their blood sugar levels.

The areas where the provider should make improvement are:

- Continue to monitor systems introduced in relation to high risk medicines prescribing.
- Introduce a system to monitor the use of blank prescription forms.
- Monitor the impact of the practice nurse's increased hours on cervical screening and child immunisation uptake.

**Professor Steve Field CBE FRCP FFPH FRCGP**

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

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

**Requires improvement**



- The practice had clearly defined systems in place to minimise risks to patient safety, with the exception of systems in place for safely monitoring and prescribing a high risk medicine called methotrexate. (Shortly after our inspection we were sent confirming evidence that the appropriate systems were in place to maintain patient safety regarding the monitoring and prescribing of methotrexate).
- From the sample of documented examples we reviewed, we found there was an effective system 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 were informed as soon as practicable, 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.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had adequate arrangements to respond to emergencies and major incidents.

### Are services effective?

The practice is rated as good for providing effective services.

**Good**



- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average compared to the national average.
- Staff were aware of current evidence based guidance.
- The practice demonstrated quality improvement through for example, the use of clinical audit and disease prevalence exercises.
- Staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- End of life care was coordinated with other services involved.

# Summary of findings

## Are services caring?

The practice is rated as good for providing caring services.

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

Good



## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice understood its population profile and had used this understanding to meet the needs of its population.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- Patients we spoke with 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 their needs.
- Information about how to complain was available and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



## Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had policies and procedures to govern activity and held regular governance meetings.
- An overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.

Good



# Summary of findings

- The provider was aware of the requirements of the duty of candour.
- The GP encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged with the patient participation group.
- There was a focus on continuous learning and improvement at all levels. Staff training was a priority and was accessible on line.

# 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

Good



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

- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Where older patients had complex needs, the practice shared summary care records with local care services.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible.

### People with long term conditions

Good



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

- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.
- The percentage of patients with diabetes whose last blood sugar level reading ((01/04/2014 to 31/03/2015) was within the required range was 70% (compared to the 75% CCG average and the 77% national average).
- The practice was aware of its performance in this area and education and lifestyle advice; and enabled them to make informed decisions about their care and treatment. A recent audit highlighted that by the end of the programme, all 18 participants had reduced their blood sugar levels.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.
- All these patients had a named GP and there was a system to recall patients for a structured annual review to check their

# Summary of findings

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.

## Families, children and young people

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

- There were systems 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 accident and emergency (A&E) attendances.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us, on the day of inspection, that children and young people were treated in an age-appropriate way and were recognised as individuals.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked with midwives and health visitors to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics.
- The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications. Patients spoke positively about these elements of the service.

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 needs of these populations had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care, for example offering extended opening hours.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

Good



## People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.

Good





# Summary of findings

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They 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 practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

- The practice carried out advance care planning for patients living with dementia.
- All of the patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the national average.
- The practice specifically considered the physical health needs of patients with poor mental health and dementia.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- All patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2014 to 31/03/2015).
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- Patients at risk of dementia were identified and offered an assessment.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Good



## Summary of findings

- Staff interviewed 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 July 2016. The results showed that performance was generally above local and national averages. Three hundred and eleven survey forms were distributed and 110 were returned. This represented 6% of the practice's patient list.

- 90% of patients described the overall experience of this GP practice as good compared with the CCG average of 82% and the national average of 85%.
- 87% of patients described their experience of making an appointment as good compared with the CCG average of 70% and the national average of 73%.
- 78% 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 77% and the national average of 80%.

As part of our inspection we also asked for comment cards to be completed by patients prior to our inspection. We received 95 comments which were all positive about the standard of care received, with key themes being that reception staff were compassionate and friendly; and that clinicians treated patients with dignity and respect.

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

The Friends and family test (FFT) survey for April 2016 showed that all 16 of the patients surveyed fed back that they were either "Extremely Likely" or "Likely" to recommend the practice.

## Areas for improvement

### Action the service SHOULD take to improve

- Continue to monitor systems introduced in relation to high risk medicines prescribing.
- Introduce a system to monitor the use of blank
- Monitor the impact of the practice nurse's increased hours on cervical screening and child immunisation uptake.

## Outstanding practice

- The practice participated in a diabetes self-management programme which provided patients with education and lifestyle advice and enabled them to make informed decisions about their care and treatment. A recent audit highlighted that by the end of the programme, all 18 participants had reduced their blood sugar levels.

# Dr Saramma Samuel

## 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.

## Background to Dr Saramma Samuel

Dr Saramma Samuel also known as Hillview Practice is located in Hendon in the London Borough of Barnet. It is one of the 62 member GP practices in NHS Barnet CCG. The practice holds a General Medical Services contract (an agreement between NHS England and general practices for delivering general medical services). The practice provides enhanced services for example, adult and child immunisations, extended hours and facilitating timely diagnosis and support for people with Dementia.

The practice is registered with the Care Quality Commission to carry on the regulated activities of Treatment of disease, disorder or injury; Diagnostic and screening procedures, family planning; Maternity and midwifery services.

The practice had approximately 1,850 registered patients at the time of our inspection. Eighteen percent of patients are aged under 18 (compared to the national practice average of 21%) and 14% are 65 or older (compared to the national practice average of 17%). Fifty three percent of patients have a long-standing health condition.

The staff team at the practice is comprised of one full time female GP, one female part time practice nurse, a practice manager and a range of administrative staff.

The practice's opening hours are:

Monday: 9.00am – 6.00pm

Tuesday: 9.00am – 6.00pm

Wednesday: 9.00am – 6.30pm (Extended hours offered between 6:30pm – 7:00pm GP and Nurse led)

Thursday: 9.00am – 1.00pm

Friday: 9.00am – 6.00pm

Saturday: Closed

Sunday: Closed

The practice's consultation times are:

Monday: 9.30am – 1.00pm and 4.00pm – 6.00pm

Tuesday: 9.30am – 1.00pm and 4.00pm – 6.00pm

Wednesday: 9.30am – 1.00pm and 4.00pm – 7:00pm

Thursday: 9.30am – 1.00pm

Friday: 9.30am – 1.00pm and 4.00pm – 6.00pm

Saturday: Closed

Sunday: Closed

Urgent appointments are available each day and GPs also complete telephone consultations for patients. In addition the practice is a participant of the Pan Barnet federated GP's network a federation of local Barnet GP practice's which was set up locally to provide appointments for patients at eight local hub practice's between 8am and 8pm; providing additional access out of hours.

There is also an out of hour's service provided to cover the practice when it is closed. If patients call the practice when it is closed, an answerphone message gives the telephone number they should ring depending on their circumstances. Information on the out-of-hours service is provided to patients on the practice leaflet as well as through posters and leaflets available at the practice.

# Detailed findings

## 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. This practice had not been inspected before.

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice. We carried out an announced visit on 15 December 2016. During our visit we:

- Spoke with a range of staff (GP, practice manager, practice nurse and non clinical staff) and spoke with patients who used the service.
- Observed how patients were being cared for in the reception area.
- Reviewed a 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.

- Looked at information the practice used to deliver care and treatment plans.

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 living 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 a system 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 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).
- From the documented examples we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. The practice carried out a thorough analysis of the significant events and also monitored trends in significant events and evaluated any action taken.

- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, following an incident whereby a patient was prescribed a medicine to which they were allergic, we noted that the learning point had been to ensure that allergies were clearly detailed on patient notes.

### Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding 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. We were told that the GP attended safeguarding meetings when possible or provided reports where necessary for other agencies.

- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. The GP and practice nurse were trained to child protection or child safeguarding level 3.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place.
- The practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training. Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.

We looked at the arrangements for managing medicines including emergency medicines and vaccines and how the practice minimised risks to patient safety regarding obtaining, prescribing, recording, handling, storing, security and disposal of medicines.

- We looked at the processes in place for handling repeat prescriptions and noted that they were signed before being dispensed to patients and that there was a reliable process to ensure this occurred.
- However, we identified concerns regarding the prescribing of a high risk medicine called Methotrexate. This medicine requires close monitoring to prevent patient harm but we could not be assured from the available records that adequate monitoring was taking place. For example, the practice was unable to access or confirm that the eight patients being prescribed methotrexate had had appropriate investigations carried out prior to being prescribed the medicine.

## Are services safe?

Shortly after our inspection we were sent confirming evidence that the appropriate investigations had taken place prior to the patients being prescribed Methotrexate. We were also sent a copy of the practice's new protocol for prescribing and monitoring Methotrexate; and details of the significant events form log which had been completed following the incident.

- The practice carried out regular medicines audits, with the support of Barnet Clinical Commissioning Group, to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Blank prescription forms and pads were securely stored although there was not a system in place to monitor their use. Patient Group Directions had been adopted by the practice to allow its nurse to administer medicines in line with legislation.

We reviewed two personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

### Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available.
- The practice had an up to date fire risk assessment and carried out regular fire drills. There were designated fire marshals within the practice. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.

- The practice had a variety of other risk assessments 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).
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients.

### Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements 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. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan 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

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems 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.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

### 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 97% of the total number of points available compared with the clinical commissioning group (CCG) average of 95% and national average of 95%. The overall exception rate for the practice was 16% (higher than the CCG average of 13% and the national average of 9%). 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.

QOF data from 2015/16 showed:

- Performance for asthma related indicators was similar to CCG and national averages. For example, 76% of patients on the asthma register had had an asthma review in the preceding 12 months that included an assessment of asthma control (compared to a local CCG average of 76% and a national average of 75%).
- Performance for hypertension related indicators were similar to the 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) was within the target range of

150/90 mmHg or less was 81% (compared with a local CCG average of 82% and a national average of 84%). Exception reporting was 6% for this clinical domain compared to 4% nationally.

- Performance for mental health related indicators were above the national average. For example: 100% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the last 12 months compared with a local CCG average of 91% and a national average of 88%. Exception reporting was 13% for this clinical domain compared to a local CCG average of 7% and a national average of 13%.
- Performance for dementia related indicators was above the national average. One hundred percent of patients diagnosed with dementia had had their care reviewed in the preceding 12 months compared with a local CCG average of 85% and a national average of 84%. Exception reporting was zero for this clinical domain compared to local CCG average of 4% and a national average of 7%.
- Performance for diabetes related indicators was similar to the national average. For example, the percentage of patients with diabetes, on the register, in whom the last blood sugar level is 64 mmol/mol or less in the preceding 12 months was 70% compared to a local CCG average of 76% and a national average of 78%. For the percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less was 81% (equal to the national average).

Data we looked at prior to our inspection highlighted that exception reporting was 22% for this clinical domain compared to a local CCG average of 8% and a national average of 11%. The practice was aware of its relatively high exception reporting and told us that this had been partly attributable to coding issues associated with the March 2015 installation of a new web based clinical system. We were also told that the practice had between April 2016 and June 2016 contacted all of the 112 patients on its diabetes disease register to arrange appointments. Unverified data we were shown indicated that exception reporting on the day of our inspection was zero.



# Are services effective?

## (for example, treatment is effective)

There was evidence of quality improvement including clinical audit:

- There had been two clinical audits undertaken in the last two years, both of which were completed audits where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, in May 2016, the practice audited the effectiveness of its diabetic educational programme; reviewing 18 patients on the programme who had HBA1c (blood sugar levels) ranging from 79mmol/L to 122mmol/L. The programme entailed educational, lifestyle and medication adjustments and we noted that an October 2016 reaudit recorded blood sugar levels of between 50mmol/L and 96mmol/L.

The practice had commissioned an external company in July 2016 to improve disease prevalence; and ensure that patients were being identified, treated and outcomes improved. The resulting report of this prevalence exercise had identified:

- 12 possible patients missing from the asthma disease register;
- 3 possible patients missing from the atrial fibrillation disease register;
- 4 possible patients missing from the cancer disease register. (The report highlighted that the patients had all had their diagnosis, treatment and referral but that the initial diagnoses had not been correctly assigned to the cancer disease register).

We were told that these patients were invited in for an appointment.

### Effective staffing

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.

- Staff administering 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 scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

We looked at whether the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible manner. This included care and risk assessments, care plans, medical records and investigation and test results. We noted that initially, the practice could not confirm that six patients being prescribed methotrexate had had appropriate investigations carried out by their respective hospitals prior to being prescribed methotrexate. Shortly after our inspection we were sent confirming evidence that the appropriate investigations had taken place and details of a new monitoring protocol which had been introduced.

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. Information was shared between services, with patients' consent, using a shared care record. 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.

# Are services effective?

## (for example, treatment is effective)

The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

### 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.
- 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 and signposted them to relevant services. 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.
- The practice's uptake for the cervical screening programme was 71%, which was below the CCG average of 79% and the national average of 81%.

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were comparable to CCG/ national averages. For example, rates for the vaccines given to under two year olds was ranged from 68% to 95% and five year olds from 55% to 85%.
- We were told that the practice had recently increased the number of practice nurse sessions so as to improve childhood immunisations and cervical screening uptake rates.

There was a policy to offer telephone or written 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 also encouraged its patients to attend national screening programmes for bowel and breast cancer. There were failsafe systems 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.

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

During our inspection we observed that 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.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- GP locum arrangements were in place to ensure that, if requested, patients could be treated by a clinician of the same sex.

All of the 95 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 five members of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice; with key themes being that reception staff were compassionate and friendly; and that clinicians treated patients with dignity and respect.

When we asked the practice manager how they ensured that patients with a learning disability were treated with dignity and respect, they stressed the importance of recognising each patient's individual needs.

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

- 93% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 89% and the national average of 89%.

- 91% of patients said the GP gave them enough time compared to the CCG average of 84% 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 95% and the national average of 95%.
- 91% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and the national average of 85%.
- 91% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average of 87% and the national average of 91%.
- 95% of patients said the nurse gave them enough time compared with the CCG average of 88% and the national average of 92%.
- 98% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 96% and the national average of 97%.
- 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 87% and the national average of 91%.
- 98% of patients said they found the receptionists at the practice helpful compared with the CCG average of 84% 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.

Children and young people were treated in an age-appropriate way and recognised as individuals.

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

## Are services caring?

- 86% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 85% 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 80% and the national average of 82%.
- 90% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 85% and the national average of 90%.
- 87% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 80% and the national average of 85%.

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

- Staff told us that interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available. Patients were also told about multi-lingual staff who might be able to support them.
- Information leaflets were available in easy read format.
- The practice used a Referral Management Service which gave patients a choice of place, date and time for their first outpatient appointment in a hospital.

- The practice participated in a diabetes self-management scheme which educated patients on education and lifestyle advice so as to enable them to make informed decisions about their care and treatment. A recent audit of the programme had highlighted reduced blood sugar levels in participants.

### **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. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 110 patients as carers (6% of the practice list). The register was used to offer targeted support to carers such as influenza vaccinations. Written information was also available to direct carers to the various avenues of support available to them.

Staff told us that if families had experienced 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/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 understood its population profile and had used this understanding to meet the needs of its population:

- The practice offered extended hours on Monday mornings and also Wednesday evenings until 7:45pm 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.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice sent text message reminders of appointments.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately.
- There were accessible facilities, which included a hearing loop, and interpretation services available.
- Other reasonable adjustments were made and action was taken to remove barriers when patients found it hard to use or access services. For example, a bypass number had been provided for patients on the practice's unplanned admissions register.

### Access to the service

The practice's opening hours are:

Monday 9.00am – 6.00pm

Tuesday 9.00am – 6.00pm

Wednesday 9.00am – 6.30pm (Extended hours offered between 6:30pm – 7:00pm GP and Nurse led)

Thursday 9.00am – 1.00pm

Friday 9.00am – 6.00pm

Saturday: Closed

Sunday: Closed

The practice's consultation times are:

Monday 9.30am – 1.00pm and 4.00pm – 6.00pm

Tuesday 9.30am – 1.00pm and 4.00pm – 6.00pm

Wednesday 9.30am – 1.00pm and 4.00pm – 7:00pm

Thursday 9.30am – 1.00pm

Friday 9.30am – 1.00pm and 4.00pm – 6.00pm

Saturday: Closed

Sunday: Closed

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

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was generally above local and national averages.

- 80% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 75% and the national average of 73%.
- 88% of patients said they could get through easily to the practice by phone compared to the CCG average of 67% and the national average of 73%.
- 85% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 72% and the national average of 79%.
- 94% of patients said their last appointment was convenient compared with the CCG average of 90% and the national average of 92%.
- 87% of patients described their experience of making an appointment as good compared with the CCG average of 70% and the national average of 73%.
- 49% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 54% and the national average of 58%.

Patients told us on the day of the inspection that they were able to get appointments when they needed them.

The practice had a system to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

# Are services responsive to people's needs?

(for example, to feedback?)

For example, the home visit protocol entailed a receptionist noting the patient's contact details and reason for the home visit in a log book kept in reception. The GP would phone the patient prior to leaving to assess the level of urgency. This enabled an informed decision to be made on prioritisation, according to clinical need.

## Listening and learning from concerns and complaints

The practice had a system 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.

We noted that there was an open and transparent approach to complaints management. Six complaints had been received in the previous twelve months and we saw records confirming that these were handled compassionately, effectively and confidentially.

Records showed that staff regularly reviewed complaints to see how learning could be used to improve the quality of care. For example, following a locum GP's refusal to see the child of a patient, at the end of the patient's consultation, we noted that the senior GP had reiterated to all staff that unwell under five year olds must be seen the same day.

The complaints management system enabled complaints to be listened and responded to; and used to improve the service.



# 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's vision was to provide patients with high quality personalised healthcare in an environment where emphasis was placed on privacy, dignity, comfort and patient safety.

The practice had a statement of purpose and staff knew and understood its aims and objectives.

### 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 and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- A comprehensive understanding of the performance of the practice was maintained. Practice meetings were held monthly which provided an opportunity for staff to learn about the performance of the practice.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. For example, fire safety, infection control and legionella risk assessments had taken place in the previous 12 months. The provider also took prompt action to address risks we identified regarding Methotrexate monitoring and prescribing.
- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints.

### Leadership and culture

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

The practice was aware of and had systems 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 GP encouraged a culture of openness and honesty. From the documented examples we reviewed, we found that the practice had systems 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.

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

- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- Staff told us the practice held regular team meetings although these were not routinely minuted.
- 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. We noted team away days were held every 12 months.
- Staff said they felt respected, valued and supported, particularly by the GP in the practice. All staff were involved in discussions about how to run and develop the practice, and the GP encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients and staff. It proactively sought 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

# Are services well-led?

Good 

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

management team. For example, when we spoke with PPG members they spoke positively about how the practice had acted on their request for a bypass phone number for patients on the practice's unplanned admissions register.

- The NHS Friends and Family test, complaints and compliments received.

- Staff through 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. For example, the practice was aware of and had taken action to improve performance on exception reporting and disease prevalence.