

The Heron 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

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection on 5 October 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.

- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

However, there were areas of practice where the provider should make improvements:

- Continue with efforts to recruit more nurses to reduce additional pressure on other members of the clinical team and improve patients' access to services.
- Continue to monitor access arrangements for, and the care provided to, patients with learning disabilities to improve outcomes for the patient group.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

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

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were above local and national averages.
- The practice monitored performance and where the need for some improvement had been identified it had implemented actions.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals 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.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed the practice was comparable with others in respect of most aspects of care.
- Patients told us 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.

Good



Summary of findings

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

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Evening appointments were available for patients unable to attend during normal working hours.
- The practice monitored the appointments system and had an action plan in place to improve patients' access to the service. This included seeking to recruit more nurses.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff understood the vision and their responsibilities in relation to it.
- There was a strong leadership structure and staff felt supported by management. The practice had various up to date policies and procedures to govern activity.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The practice 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 proactively sought feedback from staff and patients, which it acted upon. The patient participation group was active.
- There was a focus on continuous learning and improvement at all levels.

Good



Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people and urgent appointments for those with enhanced needs.
- The practice maintained a case management register of patients at high risk of admission to hospital. There were 183 patients currently on the register, all of whom had up to date care plans. Sixty patients on the register had been discharged from hospital in the previous 12 months and all had received a follow up consultation.
- The practice maintained a palliative care register of 23 patients, 21 of whom had had their care plans reviewed.
- Data showed that 3,530 patients being 76% of those on repeat prescriptions had had an annual review
- Records showed that 1,369 patients, being 88% of those who were prescribed ten or more medications, had had a structured annual review.
- Seventy patients identified as being at risk of developing dementia had received a cognition test or memory assessment.

Good



People with long term conditions

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

- The practice's performance relating to diabetes care was above local and national averages.
- A specialist diabetes nurse attended the practice each Friday morning.
- The practice maintained a register of 435 patients with diabetes, of whom 86% had received an annual eye check and 96% had received an annual foot check.
- The practice maintained a register of 85 patients with heart failure, of whom 82 had had an annual medicines review in the preceding 12 months.
- The practice's performance relating to asthma, hypertension, and chronic obstructive pulmonary disease was comparable with local and national averages.
- Longer appointments and home visits were available when needed.

Good



Summary of findings

Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances and maintained a register of vulnerable children.
- Take up rates for standard childhood immunisations for children aged under- two years old were above the local average. Those for five year olds were comparable with local and national averages.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice maintained a register of 42 vulnerable children.
- We saw positive examples of joint working with midwives and health visitors and of regular MDT meetings.
- Upon turning sixteen years old, patients were invited for a health check. So far, 171 patients had been contacted.

Good



Working age people (including those recently retired and students)

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

- The practice 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.
- Evening appointments with both GPs and nurses were available for those patients who could not attend during normal working hours.
- Telephone consultations with patients' usual GPs could be booked one week in advance.
- The practice's uptake for the cervical screening programme was comparable with local and national average.
- Data showed that 610 patients had received an NHS health check and 2,614 patients had had their blood pressure monitored.

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.

Good



Summary of findings

- The practice held registers of patients living in vulnerable circumstances, including a register of homeless patients, who could register at the practice address to receive healthcare-related correspondence.
- It maintained a learning disability register of 59 patients, of whom 20 (34%) had received an annual follow up and had their care plans reviewed. The practice had produced an action plan to better engage with this patient group and improve patient outcomes.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

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).

- Eighty-seven per cent of the 174 patients experiencing poor mental health had a comprehensive, agreed care plan documented in the record, in the preceding 12 months, comparable with local and national averages. Ninety-five per cent of the patients had had their blood pressure and alcohol use recorded.
- All of the 22 patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months, comparable with local and national averages.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- Continuity of care for patients experiencing poor mental health was prioritised.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Staff had a good understanding of how to support patients with mental health needs and dementia. All staff had completed online training relating to the Mental Capacity Act.

Good



Summary of findings

What people who use the service say

What people who use the practice say

The latest national GP patient survey results available at the date of the inspection had been published in July 2016 and covered the periods July - September 2015 and January - March 2016. The results showed the practice was performing generally in line with local and national averages. Three hundred and sixty-one survey forms were distributed and 105 were returned. This represented roughly 1% of the practice's list of approximately 11,000 patients.

- 70% of patients found it easy to get through to this practice by phone compared to the local average of 76% and the national average of 73%.
- 79% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the local average of 84% and the national average of 85%.
- 81% of patients described the overall experience of this GP practice as good compared to the local average of 84% and the national average of 85%.
- 82% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the local average of 78% and the national average of 78%.

We saw that 1,069 patients had responded to the Friends and Family Test since June 2016; of whom 761 (71%) were extremely likely to recommend the practice and 182 (17%) were likely to recommend it.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 37 comment cards, most of which were very positive about the standard of care received, saying that staff were friendly, supportive and helpful, and that the premises were always clean. They said that GPs and clinical team took time to explain healthcare issues and involved them in decision making. Three cards mentioned delays in getting appointments to see their preferred GPs; two cards referred to delays whilst waiting to book in for appointments; two others mentioned being rushed at consultations; and two more recorded that receptionists were sometimes rude. One card mentioned problems with the electronic prescribing service.

We spoke with 11 patients during the inspection, together with three members of the patient participation group. The patients said they were generally satisfied with the care they received and some were very positive in the comments, saying staff were approachable, committed and caring. All the patients mentioned delays of up to two weeks in seeing their preferred GPs, and that they usually had to wait between 10 and 20 minutes to be seen at their appointments. Two patients mentioned rude receptionists; and one said the lack of nurses often resulted in delayed appointments.

Areas for improvement

Action the service SHOULD take to improve

- Continue with efforts to recruit more nurses to reduce additional pressure on other members of the clinical team and improve patients' access to services.
- Continue to monitor access arrangements for, and the care provided to, patients with learning disabilities to improve outcomes for the patient group.

The Heron 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 and an Expert by Experience.

Background to The Heron Practice

The Heron Practice operates at the John Scott Health Centre, Green Lanes, London N4 2NU. It shares the premises with another general practice and various other healthcare services. NHS Property Services is responsible for facilities management and maintenance. The premises are located a short distance from Manor House underground and station and have good transport connections nearby.

The practice provides NHS services through a General Medical Services (GMS) contract to approximately 11,000 patients. It is part of the NHS City and Hackney Clinical Commissioning Group (CCG), which is made up of 46 general practices, and of the North Hackney Consortium of 12 practices. The Heron Practice is registered with the Care Quality Commission to carry out the following regulated activities - Maternity and midwifery services; Diagnostic and screening procedures; Family planning; Treatment of disease, disorder or injury. The patient profile has a higher than average working age population, between 20 and 45, with fewer than average teenage and older patients. The deprivation score for the practice population is in second “most deprived decile”, indicating a higher than average deprivation level among the patient population.

The practice has a clinical team of five partner GPs and four salaried GPs. There are seven female GPs and two male. The partner GPs worked between seven and seven and a half clinical sessions per week; two of the salaried GPs work nine sessions, with the other two working five and a half sessions each. There are two female practice nurses, but both are currently on long-term leave. Their work was being covered by locums, averaging 12 clinical sessions a week. There is a part-time clinical pharmacist and two full time healthcare assistants, one female and one male. It is a training practice, with two GP registrars (qualified doctors gaining general practice experience) currently working there, and a trainee practice nurse on a part-time clinical placement.

The administrative team is made up of a practice manager and 13 other staff, with two current patient services assistant vacancies.

The practice reception opens from 8.00 am to 1.00 pm and from 2.00 pm to 6.30 pm, Monday to Friday. Clinical appointments are available during those times, with extended hours on Tuesday, Wednesday and Thursday evenings until 8.00 pm. Routine appointments can be booked up to four weeks in advance. General appointment slots during the day are 10 minutes long, but double slots can be booked by patients with more than one issue to discuss. Evening appointments are 15 minutes long. A number of emergency, same day appointments are available. These are triaged by the duty doctor, working between 8.00 am and 6.30 pm. The GPs also make home visits to patients who are unable to attend the practice for reasons of health or disability. The requests for home visits are also triaged by the duty doctor. In emergencies, babies and children under five years will be seen without appointment between 8.30 and 8.45 each morning. The practice also offers telephone consultations with GPs, which can be booked a week in advance. Patients are able

Detailed findings

to register with the practice to allow them to book appointments online. Patients can also cancel appointments and order repeat prescriptions using a link on the practice's website.

The practice has opted out of providing an out-of-hours service. Patients calling the practice when it is closed are connected with the local out-of-hours service provider. There is information given about the out-of-hours provider and the NHS 111 service on the practice website. Information is given in the practice leaflet regarding the urgent care centre operating in the borough.

Why we carried out this inspection

We carried out a comprehensive inspection of the practice 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.

The practice had not been inspected previously.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 5 October 2016. During our visit we:

- Spoke with a range of staff including partners and salaried GPs, the practice pharmacist, practice manager and members of the administrative team. We also spoke with 11 patients who used the service, and three members of the patient participation group.
- 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. These included actual incidents and near misses.

- The practice's computer system had a protocol for recording incidents, managing any investigation, and for the analysis and recording of the outcomes. The protocol and reporting form, which had last been reviewed in July 2016, were accessible on the practice's shared drive. Staff we spoke with were familiar with the protocol and reporting form and described how they were used. One of the partner GPs worked with the practice manager to lead for significant events. We saw several examples of completed records. We saw that any events were considered at weekly clinical discussions and were reviewed on a monthly basis at clinical team meetings. The incident management process 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. Guidance on information regarding the duty of candour was kept in the practice reception area.
- 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.

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, there had been 12 incidents treated as significant events in the previous 12 months; we discussed these with staff and looked at a number in detail. In one case, a young child who had been brought to the practice for an appointment presented with possible contagious symptoms. The practice contacted the local health protection agency (HPA) for advice and took appropriate action to establish whether patients who had been in the waiting room, which it shared with another practice, might be at risk. The practice identified which other patients were present in the waiting area at the time, so that they might

be offered immunisation if there was the need. This included patients registered with the other practice. In the event, tests confirmed that the child's condition was not contagious. The practice immediately reminded reception staff of the need to isolate any patients presenting with possible contagious symptoms and it produced and disseminated a written protocol setting out what action staff were to take in similar circumstances in future.

Patient safety alerts, received using the NHS Central Alerting System, and for example relating to particular medicines, were initially processed by the practice manager, who emailed them to the clinical team and to an administrator who maintained a record of the alerts. In cases of medicine alerts, a search of computer records is conducted, to identify which patients had been prescribed the drug and they are contacted accordingly. We saw recent evidence of this process in action relating a recall of unused packets of SerenoCem Granules (a hard tissue replacement material used to treat certain conditions of the middle ear) and to the recall of several batches of Respontin Nebules, used by patients with chronic obstructive pulmonary disease (COPD) to widen the airways and reduce tightness in the chest.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. There was a named lead and deputy responsible for safeguarding adults and child protection issues. The policies were accessible to all staff and been reviewed in September 2016. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. 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. All clinical staff were trained to level 3 and the remaining staff to level 1. We saw that refresher training relating to adult safeguarding was booked for shortly after our inspection.

Are services safe?

- Notices in the consultation rooms advised patients that chaperones were available if required. The practice policy, which had been reviewed in April 2016, was available to all staff on the practice computer system. Administrative staff and the healthcare assistants who performed chaperone duties had received appropriate training and repeat Disclosure and Barring Service (DBS) checks had been carried out. 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. We saw that annual refresher training, due shortly after our inspection was already booked. We interviewed several staff members and discussed chaperoning. They had a clear understanding of the issue and their duties when acting as chaperones.
- The practice maintained good standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The cleaning was carried out by NHS Property Services in accordance with agreed schedules. Clinical staff were responsible to cleaning their rooms during the day. One of the partner GPs was the infection control lead, working with one of the healthcare assistants to monitor infection control issues and feedback learning to all staff. We also saw records evidencing that all staff had received infection control training and noted that it was an area covered by the staff induction process. The infection control policy was reviewed and updated in June 2016. The practice liaised with the local infection prevention teams to keep up to date with best practice. The practice had carried out an infection control audit in June 2016. We saw that disinfectant gel was available and hand washing guidance was provided by posters throughout the premises. Clinical waste, including sharps bins, was appropriately and securely stored and was collected daily and disposed of by a licensed contractor. The practice had a sharps injury protocol, which was accessible on the shared computer system and guidance notices advising on procedures relating to sharps injuries available in the treatment and consultation rooms. Disposable curtains were used in the treatment and consultation rooms and had a note affixed of when they had been put up and were due to be changed. Body fluid spillages were dealt with by NHS Property Services. However, the practice had spillage kits and a sufficient supply of personal protective equipment, such as surgical gloves, aprons and masks should they be needed. Staff we spoke with were aware of the appropriate procedures to follow. We saw documents relating to medical equipment, confirming items such as the spirometer and nebuliser were cleaned after use. All medical instruments were single-use. A record was maintained of the Hepatitis B immunisation status of all clinicians and frontline staff.
- One of the partner GPs was lead for medicines management, working with the in-house clinical pharmacist. The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe including obtaining, prescribing, recording, handling, storing, security and disposal. Processes were in place for handling repeat prescriptions. These included the review of high risk medicines, with flags on patients' records to assist in monitoring their prescribing. Medicines reviews of housebound patients were done during home visits by GPs or the clinical pharmacist. The practice had carried out an audit of repeat prescribing in 2015, highlighting nothing untoward; its repeat prescribing policy had been reviewed and followed national guidelines. The practice had a clear audit trail relating to patients' medicines received from other services; changes were authorised and added to patients' records only by GPs or the pharmacist. The practice carried out regular medicines audits to ensure prescribing was in line with best practice guidelines for safe prescribing. The practice benchmarked its prescribing practice using data provided by the CCG. We saw that Patient Group Directions (PGDs) had been adopted by the practice to allow the nurse to administer medicines in line with legislation. The PGDs were signed by the clinical lead for medicines management and their use was in accordance with current guidelines. The practice appropriately monitored and recorded stocks of medicines and vaccines, including those for home visits. No medicines were kept in the GPs' home visit bags. Stock levels were monitored and re-ordering was done on a regular basis to avoid a build-up of stock if it was unused for a significant period. The vaccines fridges were appropriately stocked. We saw that staff monitored and recorded the fridge temperatures and the cold chain protocol had been reviewed. All the medicines and vaccines we saw were within date and fit for use. No controlled drugs were kept on the premises.
- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification,

Are services safe?

references, qualifications, registration with the appropriate professional body and the appropriate checks through the Criminal Records Bureau or later by the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed. The practice shares the premises with a number of other healthcare services. The premises are managed by NHS Property Services, which is responsible for maintenance and facilities. A general health and safety risk assessment had been carried out in March 2016 and the health and safety policy had been reviewed in September 2016, together with the premises fire safety policy. A fire risk assessment was carried out in October 2016 and all available staff completed annual fire awareness training a few days after our inspection. Firefighting equipment was inspected annually, most recently in March 2016. The fire alarm was tested on a weekly basis and fire drills for the whole building were conducted regularly. The stair wells had refuges for wheelchair users in accordance with relevant legislation. The annual inspection and calibration of medical equipment had been carried out in March 2016, under the terms of an annual maintenance contract. Under the terms of its tenancy, the practice had been precluded from arranging its own annual inspection of portable electrical appliances (PAT Testing). Following discussion at the inspection, and having had difficulty in addressing the issue with NHS Property Services, the practice arranged the PAT testing shortly after the inspection and sent us evidence of it being completed. We also saw evidence that the premises fixed wiring had been tested in 2014 – this must be done every five years – and the gas services and boilers had been inspected and certified in July 2015. There was a variety of risk assessments in place to monitor safety of the

premises. These included disability access, the Control of Substances Hazardous to Health (CoSHH), and legionella - a particular bacterium which can contaminate water systems in buildings - and the presence of asbestos.

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.
- Staff were up to date with annual basic life support training.
- The practice had a defibrillator available on the premises, with the pads in date and the battery was charged ready for use. The practice had an emergency oxygen supply, a first aid kit and an accident recording book was used. We saw evidence that the equipment was checked on a weekly basis.
- The practice had a range of emergency medicines which were easily accessible to staff in a secure area of the practice; all staff knew of their location. All the medicines we checked were in date and stored securely. Supplies were logged and monitored on a monthly basis.
- The practice had a detailed business continuity plan in place. The plan had been reviewed in August 2016 and a copy was kept in the reception area. It contained emergency contact numbers for stakeholders, utilities providers and contractors, together with staff contact details. It made provision for the service to relocate should the premises be unusable.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards. These included National Institute for Health and Care Excellence (NICE) best practice guidelines and those issued by the City and Hackney CCG. The practice monitored the CCG website and received alerts when guidelines were issued.

- The practice had systems in place to keep all clinical staff up to date and to provide them with information to help deliver care and treatment that met patients' needs. For example, we saw that the practice had a protocol for receiving and disseminating clinical guidance, such as those issued by the National Institute for Clinical Excellence (NICE). One of the partners GPs was the named lead for the practice. Guidelines were received and logged onto the practice's computer system. We saw that they were discussed at weekly clinical meetings. The guidelines were saved in a shared folder, which could be accessed by all staff, as well as by any locums. We saw recent examples, which included NICE guidance on asthma and end of life care being disseminated to staff and of others relating to urinary tract infection in patients aged under-16 and non-alcoholic fatty liver disease being discussed at clinical meetings.
- 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. One of the GP partners had lead responsibility for monitoring performance.

The published results for 2015/16 showed the practice achieved 99% of the total number of points available being 2.1% above the CCG and the national averages. The practice's clinical exception rate was 11.3%, which was 2.6% above the CCG average and 1.5% above the national

average. 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 that cannot be prescribed because of side effects.

This practice was not an outlier for any QOF or other national clinical targets. Data showed:

- Performance for diabetes related indicators was 99.1%, being 5.1% above the CCG average and 9.2% above the national average.
- Performance for hypertension related indicators was 100%, being 0.4% above the CCG average and 2.7% above the national average.
- Performance for Chronic obstructive pulmonary disease was 96.1%, being 1.9 below the CCG average and 0.3% above the national average.
- Performance for mental health related indicators was 92.3%, being 0.4% above the CCG Average, and 0.5 below the national average.

The practice maintained a learning disability register of 59 patients, of whom 20 (34%) had received an annual follow and had their care plans reviewed. We discussed this with the practice, which had previously identified it as an area for improvement. The clinical lead had attended a study session in July 2016 to discuss the patient group's barriers to care and how to remove them. The lead had subsequently shared the learning with the practice clinical team. A number of actions had been identified to encourage patient engagement. These included ways to make the reception area more approachable, means of facilitating full communication, booking appointment times at less-busy times and finding patients quiet areas to sit to wait. The lead had also obtained a number of new leaflets and letter templates and was in the process of customising them for use by the practice. The practice also planned to increase to length of consultations for this patient group. The appointments currently offered were with a practice nurse and were 15 minutes long. We discussed this with the practice, concluding that a minimum of 30 minutes would be more appropriate.

There was evidence of quality improvement including clinical audit to highlight where improvements made could be and monitored. They included ones that had been initiated by the practice as well as a number by the local CCG. There had been ten clinical audits carried out in the last 12 months. Of these, four were completed-cycle audits and another was done on an annual basis. For example, we

Are services effective?

(for example, treatment is effective)

looked at completed cycle audit of medicines prescribing for patients with diabetes. The aim of the review was to ensure that prescribing of 3rd line anti-diabetic medicines, particularly the newer classes of agent were prescribed in line with NICE guidance. Of the patients reviewed during the audit, one had the dosage of their medicine changed; another was switched from one medicine to another and a third, who was not fully complying with the treatment, was given further guidance on the potential risks of poor control of their diabetes.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- Although few locum GPs were needed, we saw that the practice had a suitable information pack for them to use. The practice had a bank of five or six locum GPs, most of whom had been registrars at the practice and were therefore familiar with its systems and processes.
- The practice could demonstrate how it ensured role-specific training and updating for relevant staff, for example diabetes and mental health care, safeguarding and infection control.
- 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 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. 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 a range of e-learning training modules and in-house and external training.
- Staff rotas were prepared well in advance and made provision to cover both planned and unexpected absences.
- The practice employed two nurses, but both were on long-term absence at the time of our inspection. One usually worked full time, the other just under half. Their work was currently being covered by locums, but this was having an impact on service delivery. The practice was finding it difficult to recruit more nurses. In the interim, it was anticipated that by participating in the local nurses training scheme it would be able to attract more applicants. The practice also had plans in place to upskill the existing healthcare assistants and to increase the role of the clinical pharmacist so they could take on some of the nurses' work, where appropriate.

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. We saw examples on various patients' records which we reviewed with clinical staff.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services. The practice used systems, such as Co-ordinate My Care to share information with other providers involved in patients' care.

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. We saw evidence of separate Adult and Children Multidisciplinary Team meetings (MDTs) taking place on a monthly basis. Participants included the community matron and staff nurse, midwives, health visitors, social workers, care co-ordinators, community support navigators and palliative care professionals.

Are services effective?

(for example, treatment is effective)

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. Staff had received training which included guidance on the Mental Capacity Act 2005. The practice's Mental Capacity policy had been reviewed in September 2016.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Staff were able to demonstrate a familiarity with children's capacity to consent to treatment, which included consideration of the Fraser Competence Guidelines, relating to contraceptive or sexual health advice and treatment.
- The practice computer system contained appropriate templates for use in establishing patients' mental capacity to consent and to record action taken in the patients' best interest.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.
- We noted that patients' written consent was not sought in relation to the fitting of intrauterine contraceptive devices (IUCDs). We discussed this with staff who agreed to forthwith to implement a system for written consent to be obtained and recorded.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to the relevant service. 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 had identified the smoking status of 1,950 patients aged over-15 years and had offered cessation advice and support to 1,776 (91%) of them. Data showed 52 patients had quit in the last 12 months.

The practice's uptake for the cervical screening programme 78% being comparable with the CCG average. There was a policy to offer telephone reminders for all patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme for those with a learning disability and it ensured a female sample-taker was available. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening, with its results for both being above the CCG averages.

There was information about the winter flu vaccination programme on the practice website and around the premises. The flu vaccination rates for patients identified as being at risk due to existing health conditions, for example diabetes, was 89.7%, comparable with both the CCG and national averages. Childhood immunisation rates were above local averages. For example, rates for the vaccinations given to under two year olds ranged from 82% to 93%. Immunisations for five year olds ranged from 79% to 96%, comparable with local and national averages.

Patients had access to appropriate health assessments and checks. These included health checks for patients turning 16 years old, new patients and NHS health checks for patients aged 16-65 years. Data showed that 1,761 had received new patient health checks; 610 patients had received an NHS health check and 2,614 patients had had their blood pressure monitored. 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 phone calls were handled in a private office, and could not be overheard in the patients' waiting area.

Almost all of the 37 patient comments cards we received and the 14 patients we spoke with were positive about the service experienced. Most of the cards and the patients we spoke with highlighted that staff responded compassionately when they needed help and provided support when required. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect, but two of the comments cards and two of the patients mentioned the receptionists sometimes being rude. Patients' responses to the GP survey, suggested this was not an issue - 85% said they found the receptionists at the practice helpful (CCG 86% and national 87%). We noted that the practice shared its reception area with another practice and that some of its patients initially approached the other reception desk, before being referred to the correct one.

We saw that the practice's other satisfaction scores recorded by the GP patients' survey on consultations with GPs and nurses were comparable with local averages. For example -

- 89% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 85% of patients said the GP gave them enough time compared to the CCG average of 85% and the national average of 87%.

- 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and the national average of 95%.
- 86% of patients said the last GP they spoke to was good at treating them with care and concern, compared to the CCG average of 83% and the national average of 85%.
- 84% of patients said the last nurse they spoke to was good at treating them with care and concern, compared to the CCG average of 86% and the national average of 91%.

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 generally positive, although two cards recorded that patients had felt rushed at appointments.

Results from the national GP patient survey regarding patients' involvement in planning and making decisions about their care and treatment were comparable with local and national averages. For example -

- 86% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% and the national average of 86%.
- 86% 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%.
- 78% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 81% and the national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care. Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

Patient and carer support to cope emotionally with care and treatment

Are services caring?

There were notices and patient leaflets 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 when a patient was recorded as being a carer. The practice had identified 154 patients as carers, being approximately 1.3% of the practice list. The practice had written information available

in the waiting area and on the practice website to direct carers to the various avenues of support available to them. Representative of a local carers organisation attended the practice once a week to offer further guidance and support.

Staff told us that if families had suffered bereavement, their usual GP contacted them by phone or letter, offering a face-face or telephone consultation. We saw that information about bereavement and support services was available in the waiting area and on the practice website.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- Late evening appointments up to 8.00 pm were available on Tuesday, Wednesday and Thursday, for patients not able to attend during normal working hours.
- Emergency consultations were available for children, with a walk-in service for under-5s, and those patients with medical problems which required urgent consultation.
- There were longer appointments available for patients with newly diagnosed long-term health conditions.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Telephone consultations were available for working patients. These could be booked one week in advance.
- There were disabled facilities, including hearing loops, and all consultation rooms had step-free access. There were dedicated disabled parking spaces available. There were baby-changing and breast feeding facilities available.
- An interpreting service was available. Turkish-speaking advocates could be booked to assist patients of Turkish background, for whom English was an additional language.
- Appointments could be booked, and repeat prescription requested, online.

Access to the service

The practice reception opened from 8.00 am to 1.00 pm and from 2.00 pm to 6.30 pm, Monday to Friday. Clinical appointments were available during those times, with extended hours on Tuesday, Wednesday and Thursday evenings until 8.00 pm. Routine appointments could be booked up to four weeks in advance. General appointment slots during the day were 10 minutes long, but double slots could be booked by patients with more than one issue to discuss. Evening appointments were 15 minutes long. A number of emergency, same day appointments were available, including some during the extended evening

hours. These were triaged by the duty doctor, working between 8.00 am and 6.30 pm. The GPs also made home visits to patients who are unable to attend the practice for reasons of health or disability. The requests for home visits were also triaged by the duty doctor. In emergencies, babies and children under five years were seen without appointment between 8.30 and 8.45 each morning, each GP having two available slots. The practice also offered telephone consultations with GPs, which can be booked a week in advance. Patients are able to register with the practice to allow them to book appointments online. Patients can also cancel appointments and order repeat prescriptions using a link on the practice's website.

The practice had opted out of providing an out-of-hours service. Patients calling the practice when it is closed are connected with the local out-of-hours service provider. There was information given about the out-of-hours provider and the NHS 111 service on the practice website. Information was given in the practice leaflet regarding the urgent care centre operating in the borough.

Although most of the 37 patients' comments card we received were positive about access to the service, three cards mentioned delays in getting appointments with their preferred GPs; two cards referred to when booking in at the practice; two others mentioned being rushed at consultations

We spoke with 11 patients during the inspection. All the patients mentioned delays of up to two weeks in seeing their preferred GPs, and that they usually had to wait between 10 and 20 minutes to be seen at their appointments. Two patients mentioned rude receptionists; and one said the lack of nurses often resulted in delayed appointments.

The results of the GP patient survey showed the practice scored slightly below average regarding access to the service, for example -

- 70% of patients found it easy to get through to this practice by phone compared to the CCG average of 76% and the national average of 73%.
- 79% 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 84% and the national average of 85%.

However, we noted that patients' response regarding continuity of care was above average -

Are services responsive to people's needs?

(for example, to feedback?)

- 62% of patients usually getting to see or speak to their preferred GP compared to the CCG average of 54% and the national average of 59%.

We also noted that 1,069 patients had responded to the Friends and Family Test since June 2016, with 943 (88%) saying they would recommend the practice.

The practice continually reviewed performance and it had identified issues, such as phone access and appointments, from its monitoring of patient feedback, complaints, NHS Choices reviews and the Friends and Family Test. It had been working with NHS Property Services to improve the phone system and had increased the number of incoming lines to five, thus exceeding the generally accepted figure of one line per 2,500 patients. The practice had also introduced a more effective call queuing system and had also revised the staff rotas so that at least four or five members of the reception / admin staff were on duty at busy times. Managers also handled phone calls when necessary. Feedback from patients via the Patient Participation Group was that the phone service had improved as a consequence.

The practice had produced an action plan to address patients concerns over the appointments system. This included introducing daily telephone clinics for the GPs. We were told that these daily sessions now provided 30-35 telephone appointments, instead of GPs previously seeing 16 patients during the same period. The practice had also signed up to take part in a CCG pilot scheme to provide online "e-consultations", which would further improve access to the service.

The two employed nurses were on long-term absence at the time of our inspection. Their work was being covered by locums. The practice was actively seeking to recruit more nurses, but was finding this difficult. It was hoping that by participating in the local nurses training scheme it would be able to attract more applicants. There were also plans in place to upskill the existing healthcare assistants and increase the role of the clinical pharmacist so they could take on some of the nurses' work, where appropriate.

Reception staff had been provided with customer care training in 2015, to address patients' perceived concerns and partner GPs and the practice manager told us that further relevant training would be identified.

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.
- The practice manager was the designated responsible person, who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. There were notices posted around the premises and a complaints leaflet available both at the practice and on its website.

We saw that 17 complaints had been made in the last 12 months. The complaints were satisfactorily handled and dealt with in a timely way, with openness and transparency. They were closely monitored and discussed at weekly business meetings and reviewed on an annual basis. The annual review also considered complaints made via the NHS Choices website and patients' comments made when completing the Friends and Family Test. The complaints were analysed in detail to identify any trends and action was taken to as a result to improve the service and quality of care. An action plan had been being drawn up following the annual review, which included steps being taken to improve access to the service, by upgrading the phone system and increasing the number of covering staff; introducing the duty doctor system and providing telephone consultations. The practice had thoroughly reviewed all the complaints relating to clinical issues, and had concluded that there was no need to make changes to its clinical protocols as a result of the complaints received.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. Its mission statement was as follows –

- The Heron Practice is a multidisciplinary team which aims to provide high quality health care which is appropriate to the needs of our local population.
- We treat our patients, staff and colleagues with courtesy, dignity and respect and we expect to be treated respectfully and courteously in return.
- We aim to work in partnership with our patients and support them in making decisions to improve and maintain their health and wellbeing.
- We encourage the continuous education and professional development of all members of the practice team
- We work together as a team to enhance our ability to care for patients.

Governance arrangements

One of the partner GPs was the lead on governance issues. The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- Practice-specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- The practice monitored the results of the GP patients' survey, together with the Friends and Family Test. It checked and responded to reviews left by patients on the NHS Choices website, ran its own patient surveys and produced action plans where the need for improvements was identified.
- A programme of clinical and internal audit relating to prevalent health issues was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

The partner GPs demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. We were told they prioritised safe, high quality and compassionate care. Staff told us the partner GPs and practice management were approachable and always took the time to listen to all members of the practice team. Each partner GP had a lead role for various aspects, safeguarding, prescribing, QOF, finance and human resources.

The practice 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 partner GPs 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.

There was a clear leadership structure in place and staff felt supported by the partner GPs and practice management.

- We saw there was a planned programme of various practice meetings. These included weekly clinical discussions and longer clinical team meetings on a monthly basis. In addition, there were monthly business and MDT meetings. There were quarterly meetings between doctors and the mental health team. All staff met regularly for group training, covering issues such as infection control, safeguarding, chaperoning and information governance. We were told that nurses' meetings had been suspended due to the long term absence of the employed nurses, but these were to be reintroduced shortly to include the healthcare assistants.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported. All staff were involved in discussions about how to run and

Are services well-led?

Good 

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

develop the practice, and the partner GPs and practice management encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service. There was a suggestions box in the reception area and the practice website had a facility to submit comments, suggestions and complaints online. The practice carried out detailed analyses of complaints directly received, as well as comments left by patients on the NHS Choices website, and had produced action plans to address patients' concerns. It had carried out two patients surveys in the past 12 months, regarding extended opening hours and continuation of the in house phlebotomy service

The practice also gathered feedback from patients through the patient participation group (PPG). The PPG was made up of ten regular members who attended meetings every three months. We spoke with the three PPG members during our inspection. They were positive regarding the group's engagement with the practice. The PPG members told us that the phone system had improved over the last

year following action by the practice. The PPG was involved in drafting the regular patients' newsletter and discussions regarding refurbishment of the practice area of the premises. At the suggestion of the PPG, the practice had reduced the staff lunch break from one and half hours to one hour to help improve patient access.

The practice had gathered feedback from staff through staff meetings, appraisals and general 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. It is a teaching practice training registrars (qualified doctors gaining general practice experience) and medical and nursing students.

Staff told us of support provided by the practice in relation to personal training needs. For example, one staff member said they had requested training on computer records data entry and this had been readily arranged by the practice.

The practice had been appointed to take part in a CCG pilot scheme for online "e-consultations". This was due to commence in the coming months.