

# The Beaumont 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 at the Beaumont Practice on 23 April 2015. Overall the practice is rated as good.

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.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Risks to patients were assessed and well managed.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles.

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it difficult to get through to the practice on the telephone however with urgent appointments were available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

However there were areas of practice where the provider needs to make improvements.

Importantly the provider should:

- Ensure all patients have an annual medication review.
- Develop a system in line with national guidance for the monitoring of Warfarin levels for patients prescribed this medication.

# Summary of findings

**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.

Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated widely to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and well managed.

Good



### Are services effective?

The practice is rated as good for providing effective services.

Data showed patient outcomes were generally average for the locality. Staff referred to guidance from the National Institute for Health and Care Excellence and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. However, not all patients received an annual medication review and patients prescribed Warfarin were not robustly monitored. Staff had received training appropriate to their roles and any further training needs had been identified and appropriate training planned to meet these needs. There was evidence of appraisals and personal development plans for all staff. Staff worked with multidisciplinary teams.

Good



### Are services caring?

The practice is rated as good for providing caring services.

Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Information for patients about the services available was easy to understand and accessible. We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Good



### Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

It reviewed the needs of its local population and engaged with the Public Health, external agencies and the Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. Patients said they found it difficult to make an appointment through the telephone system and the GP national survey also indicated this was problematic for patients however, urgent appointments were available the same day. The practice had good facilities and was well equipped to treat patients and meet

Good



# Summary of findings

their needs. Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

## **Are services well-led?**

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

It had a clear vision and strategy. Staff were clear about the vision and their responsibilities in relation to this. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings. There were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group (PPG) was active. Staff had received inductions, regular appraisals and attended staff meetings and events.

**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.

Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in dementia and end of life care. It was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs.

Good



### People with long term conditions

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

The practice provided clinics and services for patients with chronic diseases and the GP was the clinical lead for long term conditions. Longer appointments and home visits were available when needed. All these patients had a named GP however not all patients had received a structured annual review to check that their health and medication needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care. The practice engaged with Public Health to provide community educational events including information on long term conditions such as diabetes.

Good



### Families, children and young people

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

There were systems in place to identify 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. Appointments were available outside of school hours and the premises were suitable for children and babies.

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 the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and

Good



# Summary of findings

offered continuity of care. Patients could book appointments and order repeat prescriptions online and telephone consultations were available on request. The practice offered a full range of health promotion and offered patients over 40 years of age an NHS health check.

## **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. It had carried out annual health checks for people with a learning disability and 60% of these patients had received a follow-up. It offered longer appointments for people with a learning disability.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. It had told vulnerable patients about how to access various support groups and voluntary organisations. Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Good



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

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

People experiencing poor mental health were offered an annual physical health check. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. It carried out advance care planning for patients with dementia.

The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. It had a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health.

Good



# Summary of findings

## What people who use the service say

GP patient survey results published on 2 July 2015 showed the practice was performing in line with local and national averages in some areas but were below in others. There were 94 responses and a response rate of 21%.

- 52% find it easy to get through to this surgery by phone compared with a CCG average of 76% and a national average of 73%.
- 75% find the receptionists at this surgery helpful compared with a CCG average of 86% and a national average of 87%.
- 57% with a preferred GP usually get to see or speak to that GP compared with a CCG average of 53% and a national average of 60%.
- 62% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 83% and a national average of 85%.
- 75% say the last appointment they got was convenient compared with a CCG average of 87% and a national average of 92%.
- 59% describe their experience of making an appointment as good compared with a CCG average of 69% and a national average of 73%.
- 57% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 61% and a national average of 65%.
- 52% feel they don't normally have to wait too long to be seen compared with a CCG average of 52% and a national average of 58%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received nine comment cards which were positive about the standard of care received, however two comment cards indicated dissatisfaction with the service received from some of the locum GPs.

## Areas for improvement

### Action the service SHOULD take to improve

- Ensure all patients have an annual medication review.
- Develop a system in line with national guidance for the monitoring of Warfarin levels for patients prescribed this medication.



# The Beaumont Practice

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Inspector and the team included two GP Specialist Advisors.

## Background to The Beaumont Practice

The Beaumont Practice provides GP primary medical services to approximately 2,600 patients living in the London Borough of Islington. The borough of Islington has a diverse population being home to some of the wealthiest people in Britain alongside a high proportion of people living in poverty. Patients registered with the practice are predominantly from ethnic minority backgrounds including the Middle East and African sub-continent.

The practice team is made up of one female GP, a locum GP, practice nurse, healthcare assistant, practice manager and five administrative staff.

The practice opening hours are between 9:00am-18:30pm Monday, Tuesday, Thursday and Friday and 9:00am – 7:00pm on Wednesdays. Appointments were from 9:30am to 12:00pm every morning and 16:00pm to 18:30pm daily with the exception of Wednesday's . where extended hours surgeries were offered in the evening until 7:00pm. Telephone access is available during core hours and home visits are provided for patients who are housebound or too ill to visit the practice.

The practice has a General Medical Services (GMS) contract (GMS is one of the three contracting routes that have been

available to enable the commissioning of primary medical services).The practice refers patients to the Whittington Out of Hours and the NHS '111' service for healthcare advice during out of hours.

The practice is registered with the Care Quality Commission to provide the regulated activities of

diagnostic and screening procedures, maternity and midwifery services, surgical procedures and treatment of disease, disorder and injury.

The practice provides a range of services including maternity care, childhood immunisations, chronic disease management and travel immunisations.

## Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

## How we carried out this inspection

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

- Is it safe?

# Detailed findings

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

We also looked at how well services are provided for specific groups of people and what good care looks 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)

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 23 April 2015. During our visit we spoke with a range of staff, the GP, practice manager, administrative staff and spoke with patients who used the service. We observed how people were being cared for, talked with patients and reviewed treatment records. We reviewed comment cards where patients and members of the public shared their views and experiences of the service.

# Are services safe?

## Our findings

### Safe track record and learning

The practice used a range of information to identify risks and improve patient safety, for example significant events, incident reports, complaints and national patient safety alerts. Staff we spoke with were aware of their responsibilities to raise concerns and knew how to report incidents and near misses. Staff told us they would inform the practice manager of any incidents and there was also a significant event recording form available on the practice's shared drive.

We reviewed minutes of practice meetings where incidents and complaints were discussed during the last 12 months and reviewed incident reports which had been collated for the last four years. Lessons were shared to make sure action was taken to improve safety in the practice. For example, the electronic system failed to alert a GP of a patient allergy as a result of a coding error. Staff were made aware of this incident and a records search was subsequently undertaken to ensure no further patients with allergies were incorrectly coded.

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance. This enabled staff to understand risks and gave a clear, accurate and current picture of safety.

Patients we spoke with during the inspection told us they felt their care and treatment at the practice was safe.

### Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep people safe, which included:

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GP was unable to attend child protection case conferences or reviews as a result of being a single-handed GP practice but always provided reports where necessary for other agencies. The GP engaged with Health Visitors every four to eight weeks to

discuss patients under five years of age who were at risk. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. However, there was no system in place to highlight vulnerable patients on the practice's electronic records.

- A notice was displayed in the waiting room, advising patients of the practice chaperone service. All staff who acted as chaperones received formal training for the role and had received a disclosure and barring check (DBS). (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).
- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy in place and staff had received training in fire safety. The practice had up to date fire risk assessments and regular fire alarm tests were carried out. A fire evacuation drill was undertaken each quarter. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as asbestos and legionella.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy and we saw evidence of cleaning schedules and rotas. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control policy in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. For example, the most recent audit found that some sterile items such as syringes which were kept as part of the emergency trolley equipment were found to be out of date. The practice arranged a more robust system for checking the expiry dates of such equipment and all equipment we checked was found to be in date.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing,

## Are services safe?

recording, handling, storing and security). Regular medication audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. However, we found treatment room doors were not locked when not in use which compromised the secure storage of prescription pads. We discussed this issue with the practice manager who made arrangements to rectify this issue.

- Recruitment checks were carried out and the four files we reviewed showed that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. Staff had access to the rota on the shared drive and this was managed and edited by the practice manager.

### **Arrangements to deal with 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 and all staff received annual basic life support training.

Emergency equipment was available including access to oxygen and a pulse oximeter (used to check the level of oxygen in a patient's bloodstream). All of the staff we spoke with knew the location of this equipment within the practice. The practice did not have a defibrillator (used to attempt to restart a person's heart in an emergency). The practice had risk assessed the decision not to have a defibrillator as there was a defibrillator on site owned by a dental practice located within the health centre premises and the practice was also located in close proximity to the Whittington Hospital.

Emergency medicines were easily accessible to staff in the nurses room and all staff knew of their location. All the medicines we checked were in date and fit for use.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. There were also posters displayed in every room in the practice which provided a flow chart for staff to follow in the event of disruption to the business.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice carried out assessments and treatment in line relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice had access to local CCG and national guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs. The practice had systems in place to ensure all clinical staff were kept up to date. The GP attended bi-monthly meetings organised by the local CCG in which clinical updates were provided and the GP disseminated this information in-house with staff at clinical practice meetings. The practice monitored that these guidelines were followed through risk assessments, audits and checks of patient records.

### Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients and we saw evidence of this being discussed in practice meetings. Current results were 87% of the total number of points available, with 7% exception reporting. Data from 2014 showed;

- Performance for diabetes related indicators was 83.% which was 7% below the local CCG average and 6% the national average. The practice were working to improve performance of diabetes indicators and had undertaken an audit of the consultations and assessed the impact of lifestyle changes to improve outcomes for patients. The practice also engaged with Public Health to provide educational events in the local community which incorporated diabetes care and had developed a patient booklet on diabetes in three languages prominent in the community; Turkish, Bengali and Somali.
- The percentage of patients with hypertension having regular blood pressure tests was 8% better than the local CCG average and 11% above the national average.

- Performance for mental health related indicators was 88% which was similar to the local CCG and national average.
- The dementia diagnosis rate was 76% was 18% below the local CCG average and 16% below the national average.

Clinical audits were carried out to demonstrate quality improvement. There had been two clinical audits completed in the last 12 months which were completed audits where the improvements made were implemented and monitored. The practice participated in applicable local audits and local and national benchmarking. Findings were used by the practice to improve services. For example, recent action taken as a result of a diabetes audit included implementing a change in the consultation to be more patient centred and with a coaching style.

As part of our inspection we reviewed a sample of clinical records and found 68% of patients have had an annual medication review however, Warfarin levels (Warfarin is an anti-coagulation medication used to reduce the risk of blood clots forming) were not checked for every patient being prescribed Warfarin.

### Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, fire safety, health and safety and confidentiality. There was also a comprehensive 'Locum Pack' in place which provided locum GPs with all necessary information about the practice and contact details.
- The learning needs of staff were identified through a system of appraisals and practice meetings. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included ongoing support during appraisals, clinical supervision and support for the revalidation of doctors. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and infection control. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

# Are services effective?

(for example, treatment is effective)

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 test results. Information such as NHS patient information leaflets were also available. All relevant information was shared with other services in a timely way, for example when people were referred to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital. Multi-disciplinary team meetings took place and we saw evidence of five meetings which had taken place in the last 12 months. The multidisciplinary team meetings included attendance by palliative care nurses, district nurses and sometimes social workers as necessary.

## Consent to care and treatment

Patients' consent to care and treatment was always sought 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, assessments of capacity to consent were also carried out in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.

## Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and substance misuse. Patients were then signposted to the relevant service. For example, patients experiencing problems with alcohol and substance misuse were referred to 'iCope' which is the Camden and Islington Psychological Therapies Service. Smoking cessation advice was available in-house from the practice health care assistant.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 74%, which was below the national average of 82%. There was an alert on the practice electronic clinical system which informed staff if a patient was due for a smear test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening and we saw posters and leaflets in the waiting area to inform patients about these programmes.

Childhood immunisation rates for the vaccinations given to under two year olds ranged from 58% to 100% and five year olds from 77% to 94%. CCG and national comparative data was not available. Flu vaccination rates for the over 65s were 71% which was comparable to the national average of 73%.

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



# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. Reception staff told us when patients wanted to discuss sensitive issues or appeared distressed they could offer to take them to the practice manager's room to discuss their needs in private.

All of the nine patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients were generally happy with how they were treated and that this was with compassion, dignity and respect. The practice was below average for some of its satisfaction scores on consultations with doctors and nurses. For example:

- 72% said the GP was good at listening to them compared to the CCG average of 85% and national average of 89%.
- 72% said the GP gave them enough time compared to the CCG average of 80% and national average of 87%.
- 95% said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and national average of 95%.
- 81% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 81% and national average of 85%.
- 86% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 84% and national average of 90%.

- 75% patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and national average of 87%.

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

Patients we spoke with told us that health issues were discussed with them and 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 on the comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey we reviewed showed results were below the local and national averages in response to questions about their involvement in planning and making decisions about their care and treatment. For example:

- 72% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83% and national average of 86%.
- 70% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 76% and national average of 81%.

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

Notices in the patient waiting room told patients how to access a number of support groups and organisations such as local bereavement support groups.

The practice's computer system alerted GPs if a patient was also a carer. The practice had arranged a meeting with the Carer's Association in 2014 to better understand the needs of carers. The practice had undertaken computer searches to identify patients who were carers and had sent out letters and information packs to patients. There was a practice register of all people who were carers and patients identified as carers were being supported, for example, by offering health checks and referral for social services support. New patients were asked 'Are you a carer?' as part

## Are services caring?

of the registration documentation. The practice had also used the electronic ticker machine in the waiting area to request patients to inform staff if they were caring for someone. We observed information in the waiting area for carers of various avenues of support available to them such as the local Carer's Hub and Carer's Centre.

Staff told us that if families had suffered bereavement, the practice sent them a letter of condolence. Double appointments were arranged for patients who were grieving and patients were referred to the in-house counselling service as required.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice worked with Public Health to improve outcomes for patients in the area. For example, the practice had met with local Somalian leaders in a community centre to provide an educational discussion on the GP service they provided, referrals, diabetes medication, cancer screening and end of life care. At the time of our inspection, the practice were planning other community visits including a visit to a local Mosque to enable patients and members of the public to increase control over, and to improve, their health.

Services were planned and delivered to take into account the needs of different patient groups and to help provide ensure flexibility, choice and continuity of care. For example;

- The practice offered appointments until 7:00pm on Wednesday evenings for working patients who could not attend during normal opening hours.
- There were longer appointments available for people with a learning disability.
- Home visits were available for older patients / patients who would benefit from these.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were disabled facilities, hearing loop and translation services available.
- The waiting area was large enough to accommodate patients with pushchairs.
- Seating with arm rests was available in the waiting area which catered for patients who may have difficulties in sitting and standing, such as those with musculoskeletal conditions.
- Patient information such as the practice complaints procedure was available in braille format for patients registered blind.

### Access to the service

The practice was open between 9:00am and 6:30pm on Monday, Tuesday, Thursday and Friday's. On Wednesday's the practice was open until 7:00pm. Appointments were

from 9:30am to 12:00pm every morning and 16:00pm to 18:30pm daily with the exception of Wednesday's . where extended hours surgeries were offered in the evening until 7:00pm. In addition to pre-bookable appointments that could be booked up to two weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment were below the local and national averages. For example:

- 62% of patients were satisfied with the practice's opening hours compared to the CCG average of 67% and national average of 75%.
- 52% patients said they could get through easily to the surgery by phone compared to the CCG average of 76% and national average of 73%. The practice were aware of this issue and had recently installed a new phone system with additional phone lines and queuing system to try to improve patient telephone access.
- 59% patients described their experience of making an appointment as good compared to the CCG average of 69% and national average of 73%.
- 57% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 61% and national average of 65%.

### Listening and learning from concerns and complaints

The practice had a 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 in the practice leaflet, on the practice website and posters explaining the procedure were displayed in the waiting area. Patients we spoke with were aware of the process to follow if they wished to make a complaint.

We looked at six complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way.

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

Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, one complaint related to a patient receiving a 'Did Not Attend' letter despite cancelling the

appointment using the automated text reminder service. Staff were informed of this complaint and were instructed to check the practice email account daily prior to sending any DNA letters to patients.

# 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 medical services in a friendly, happy and healthy environment. We saw this vision was detailed in the practice leaflet, on the practice website and in the patient information folder in the waiting area. We spoke with a cross section of staff and they all knew and understood the vision and values of the practice.

### Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership, openness and transparency

The management team in the practice have the experience, capacity and capability to run the practice and ensure high quality care. They prioritise safe, high quality and compassionate care. The GP and practice manager were visible in the practice and staff told us that they were approachable and always take the time to listen to all members of staff. The management team encouraged a culture of openness and honesty.

Staff told us that regular team meetings were held every Wednesday and the meeting minutes were emailed to any staff members who were unable to attend. Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and

confident in doing so and felt supported if they did. Staff said they felt respected, valued and supported. All staff were involved in discussions about how to run and develop the practice, and the management team 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, proactively gaining patients' feedback and engaging patients in the delivery of the service. It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active virtual PPG of 23 members which submitted proposals for improvements to the practice management team. For example, patients indicated dissatisfaction with the practice telephone system. In response, the telephone system was changed with additional lines added and a queuing and messaging system was incorporated to try to improve the patient experience.

As a result of comments and suggestions received from patients through a practice survey, staff introduced themselves with their first names when answering the telephone and the day of the week on which extended hours were offered was changed.

The practice had also gathered feedback from staff through staff meetings and appraisals. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. For example, staff had suggested using patient prescriptions to communicate additional information to patients and this had been implemented. Staff told us they felt involved and engaged to improve how the practice was run.

### Innovation

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and encouraged staff to discover and propose new ideas to improve outcomes for patients.