

The Crouch Hall Road Surgery

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 8 February 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.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- Patients said it was easy to make an appointment, with urgent appointments 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.
- The practice was aware of and complied with the requirements of the Duty of Candour.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was an active patient participation 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 there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology.
- 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.

- Our findings at inspection showed that systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.
- Data showed that the practice was performing above average when compared to practices nationally and in the local area.
- 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 multidisciplinary teams 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.

- Results from the National GP Patient Survey were comparable with local and national averages.
- 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.

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.

- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Although there were no posters providing information on how to make a complaint, we saw that forms were available in the reception area and were provided upon request. The form was 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 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 was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty.
- The practice had systems in place for knowing about 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 on. The patient participation group was active.
- There was a strong 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 offered home visits and urgent appointments for those with enhanced needs.
- Records showed that 777 patients (100%) prescribed more than four medications had received a structured annual review
- Records showed that 219 patients had been offered cognition testing.
- The flu vaccination rate for older people was above the national average. Staff made home visits to administer the vaccines if patients were unable to attend the surgery.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice maintained a register of 176 patients on the diabetes register, of whom 72% had received an annual eye check and 86% had received a foot check.
- All 26 patients on the practice's heart failure register had had a medication review.
- Longer appointments and home visits were available when needed.
- The flu vaccination rate for at risk patients was higher than the national average.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- Records showed that 1,783 patients had received advice promoting healthy lifestyles.

Good



Families, children and young people

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

Good



Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- The percentage of patients with asthma on the register who had an asthma review in the preceding 12 months was above the national average.
- There were 19 mothers on the asthma and diabetes registers; all had had medication reviews within the last year.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals.
- The rate of uptake for cervical screening tests was above the national average.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses, for example with the health visitor attending practice meetings on a monthly basis.

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 offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- Records showed that 3,478 (49%) of patients aged between 18 and 75 had received a health check.

Good



People whose circumstances may make them vulnerable

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

- The practice maintained registers of vulnerable adults (91 patients); vulnerable children (37 patients) and homeless patients, who were able to register at the practice address to receive health care related correspondence.
- The practice had a register of 18 patients with learning disabilities, 15 of whom had had an annual assessment and care plan review.

Good



Summary of findings

- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- 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).

- All but one of the 35 of patients on the dementia register had had their care reviewed in a face to face meeting in the last 12 months, which was above the national average. Advanced care planning was done in relation to 25 of the patients on the register.
- All 10 patients with schizophrenia, bipolar affective disorder and other psychoses have a comprehensive, agreed care plan documented in the record, in the preceding 12 months. This was above the national average.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The latest national GP patient survey results were published on 7 January 2016 and related to the period January - March 2015 and July - September 2015. The results for the practice were above local and national averages. A total of 322 survey forms were distributed and 115 (36%) were returned. This represented roughly 1.75% of the practice's patient list of 7,132.

- 99% found it easy to get through to this surgery by phone compared to a CCG average of 70% and a national average of 73%.
- 93% were able to get an appointment to see or speak to someone the last time they tried (CCG average 80%, national average 85%).
- 90% described the overall experience of their GP surgery as fairly good or very good (CCG average 77%, national average 85%).
- 85% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 71%, national average 78%).

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, all of which were very positive about the standard of care received. Comments included that staff were very helpful and efficient and that they were friendly and kind. Patients confirmed that it was easy to make appointments and that they were treated with dignity and respect.

We spoke with nine patients during the inspection. Patients said they were happy with the care they received and thought staff were approachable, committed and caring.

Results from the NHS Choices Friends and Families Test showed that 95% of patients who responded would recommend the practice.

The Crouch Hall Road Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to The Crouch Hall Road Surgery

The Crouch Hall Road Surgery operates from 48 Crouch Hall Road, Hornsey, London N8 8HJ. The premises were converted from domestic use.

The practice provides NHS services through a Personal Medical Services (PMS) contract to 7,132 patients. It is part of the NHS Haringey Clinical Commissioning Group (CCG) which is made up of 45 general practices. The practice is registered with the CQC to carry out the following regulated activities - diagnostic and screening procedures, family planning, maternity and midwifery services, treatment of disease, disorder or injury, surgical procedures.

The patient profile for the CCG has a higher number of working age adults than the national average, with fewer older patients and younger people aged under-19.

The practice has a staff of six doctors, comprised of two GP partners (female and male) and four salaried GPs (three female, one male). The GPs cover 35 clinical sessions per week; the partners working seven clinical sessions each, with the remainder divided roughly equally between the

salaried GPs. The partners also worked two administrative sessions each per week. The clinical team is completed by two female nurses (one working up to 34 hours a week, the other 17 hours) and a female health care assistant. Two staff members share the practice manager role and the support team is made up of seven administrative staff. It is a training practice, with GP registrars working there from time to time, although none were attached at the time of the inspection.

The practice's opening hours are 8.00am to 6.30pm, Monday to Friday. It operates extended hours on Monday evening, from 6.30pm to 8.00pm; on Tuesday to Thursday evenings from 6.30pm to 7.00pm; and on Friday morning between 7.30am and 8.00am. Appointments are available throughout the day and can be booked online by patients who have previously registered to use the facility.

In addition, a duty doctor runs a session each morning from 9.00am to 11.30am for emergency patients. Telephone consultations are available each morning between 11.30am and 12 noon. The GPs also make home visits.

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 a link to the NHS 111 service on the practice website, which also includes details of local urgent care centres.

Detailed findings

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. 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 8 February 2016. During our visit we:

- Spoke with a range of staff, including GPs, a practice nurse, the joint practice managers and administrative staff. We also spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members.

- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events, which were reviewed quarterly.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. We looked at the records of the six significant events occurring during the previous 12 months. Lessons were shared to make sure action was taken to improve safety in the practice. When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again. For example, we saw a record of a young child being brought to the practice twice for an HIB (Haemophilus influenzae type b) vaccination. The child was seen by different nurses on the two occasions and due to a lack of clarity in the patient's clinical records, two doses of the vaccination were administered at a monthly interval. The error was identified immediately and the child's parent was informed. The incident caused no adverse effects. An urgent review meeting was held by the practice manager with both practice nurses. The need to communicate effectively was emphasized, and the practice's relevant protocol was reviewed and updated to avoid future errors.

We saw a record of another incident relating to vaccines, which amounted to good practice. One of the practice nurses had noticed a potential problem with the packaging of two types of Hepatitis B vaccine. A prescription had been given for a child's dose, but the pharmacist had issued an adult dose instead. The dosage of the adult vaccine was not clear from the packaging. The nurse contacted the pharmacist and also informed the CCG. The vaccine manufacturer was also contacted and agreed to address the problem.

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 that reflected relevant legislation and local requirements and policies were accessible to all staff. We saw that guidance on raising safeguarding concerns were on view in the consulting rooms. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. The GPs and nurses were trained to Safeguarding level 3. Staff ran monthly reports on children's A&E attendances. Past attendances were monitored and in the event of any concerns the safeguarding lead was alerted.
- Notices in the waiting area and the consulting rooms informed patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The lead practice nurse was the infection control clinical lead and liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. The practice had a suitable policy for dealing with spills on view, and staff knew where the spills kits were located. Annual infection control audits were undertaken, the most recent being in December 2015, and we saw evidence that action was taken to address any issues noted as a result, for example damaged pedal bins were identified and replaced. General cleaning was carried out by a contractor, whose equipment was not kept at the premises. The cleaning was done in accordance with an agreed written schedule. We were shown confirmation that curtains in the consulting rooms were

Are services safe?

cleaned every six months and more frequently if necessary. Medical instruments were single-use and we saw evidence that stocks were monitored. Sharps bins were suitably fitted and labelled and were not overfilled. A protocol for dealing with needle-stick injuries was displayed in the consulting rooms. All the instruments, sterile equipment and dressings we checked were within date and suitable for use. There were adequate supplies of personal protective equipment, such as gloves, masks and aprons and patients confirmed these were used appropriately. This included receptionists wearing gloves when handling patients' specimens. All the consulting rooms had sufficient liquid soap and disposable towels. A contract was in place for the removal of clinical waste, which was stored in secure facilities until collected.

- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. We saw that supplies of medicines and vaccines kept at the premises were appropriately monitored. The supplies were not overstocked, with re-orders being made by the practice's nurses on a weekly basis. The temperatures of the vaccines fridges were monitored and recorded. There were no controlled drugs kept at the practice.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. The files also contained records of the staff members' Hepatitis B immunisation status.
- 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 due to abnormal results or for whom the tests were inadequate.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. We saw that the most recent check and calibration had been done in February 2016. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control. A risk assessment relating to Legionella, a bacterium which can contaminate water systems in buildings, was overdue. However, we saw confirmation that it would be carried out by a qualified consultant a few days after our inspection. Information regarding legionella and the possible presence of asbestos at the premises was available for any contractors carrying out building or maintenance works. A general health and safety risk assessment had been carried out in January 2016 and we saw evidence of regular health and safety spot checks being done. The induction process for new staff included appropriate health and safety topics.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. We saw evidence of the practice staff rota system for all the different staffing groups to ensure that enough staff were on duty.
- Patient safety alerts were received and processed by the practice managers. These were discussed with nursing staff at weekly meetings and with GPs at clinical meetings. We saw that information regarding the current concerns over the Zika virus was displayed in the consulting rooms.

Arrangements to deal with emergencies and major incidents

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

Are services safe?

- There was an instant messaging system on the computers in all the consulting and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training. There were emergency medicines securely stored in each consulting room and we saw that these were appropriately checked and the monitoring was recorded. We saw that all were in date and suitable for use.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks.

We checked and confirmed that the defibrillator pads were within date and that the batteries were charged. The oxygen cylinder was full. The practice also had a general first aid kit and used an accident book to record any injuries sustained.

- 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.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs. Each partner covered specific clinical areas to which any guidelines related. We saw minutes confirming new NICE guidelines were a standing agenda item at weekly 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). The most recent published results were 99.9% of the total number of points available, with 13.9% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed the practice was performing consistently well, with no below-average indicators. For example -

- Performance for diabetes related indicators was 99.98%, being 18.2% above the CCG average and 10.8% above the national average.
- Performance for hypertension related indicators was 100%, being 5% above the CCG average and 2% above the national average.
- Performance for mental health related indicators was 100%, being 10% above the CCG average and 7% above the national average.

Clinical audits demonstrated quality improvement

- There had been 21 clinical audits conducted in the last two years, of which three were completed audits where the improvements made were implemented and monitored. For example the practice had carried out an audit of Opioids Prescribing in Palliative Care between 2013 and 2015. Opioids are medications used to treat moderate to severe pain that may not respond well to other pain medications. The audit showed an improvement in a number of standards including specialist advice being obtained prior to medication being prescribed; appropriate immediate- or sustained-release medication being prescribed; and the prescribing being in accordance with NICE guidelines. The audit included action planned to further improve performance and to continue to monitor patient outcomes.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.

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. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes. We saw evidence of annual refresher training being completed by the practice nurses. In addition staff had access to on line resources and there was relevant 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

Are services effective?

(for example, treatment is effective)

during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months.

- We saw that staff received refresher training that included safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

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. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care services 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 that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated. We saw that template care plans were used by the practice and discussed with staff possibly improving the plans by personalising them more. Staff agreed to review how they used the templates.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through records audits.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term conditions and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.

The practice had identified the smoking status of 507 patients aged over-16 in the previous year. Of whom 229 had been offered and accepted a referral for smoking cessation advice and 49 had stopped smoking.

The practice's uptake for the cervical screening programme was 87%, which was above the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were above the CCG average. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 95% to 97% and five year olds from 89% to 96%. The practice had immunised 194 girls with the Human papillomavirus vaccine, in cases where the immunisation had not been provided at their schools.

Flu vaccination rates for the over 65s were 77%, and at risk groups 59%. These were above the national averages. The practice offered flu vaccinations on Saturday mornings and patients aged over 65 were visited at home for the vaccinations to be given.

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, which were

Are services effective?

(for example, treatment is effective)

carried out by the health care assistant. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

One of the GPs had set up a walking club which met two lunchtimes a week. It benefitted patients' physical health and wellbeing and provided an opportunity for those who may be socially isolated to meet people in familiar surroundings, while also improving their health.

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 consulting room doors were closed during consultations; conversations taking place in these rooms could not be overheard.

We noted that the waiting area was small, with only 14 seats. We were told that at busy times patients were left to stand and sometimes they encroached upon the reception desk. However, the reception staff monitored this and maintained the privacy of patients they were dealing with. The reception staff were aware when patients wanted to discuss sensitive issues, or appeared distressed, and could offer them a private room to discuss their needs.

All of the 37 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

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

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

- 86% said the GP was good at listening to them compared to the CCG average of 83% and national average of 89%.
- 96% said they had confidence and trust in the last GP they saw (CCG average 92%, national average 95%)
- 84% said the last GP they spoke to was good at treating them with care and concern (CCG average 79%, national average 85%).

- 86% said the last nurse they spoke to was good at treating them with care and concern (CCG average 81%, national average 91%).
- 98% said they found the receptionists at the practice helpful (CCG average 83%, national average 87%).

Care planning and involvement in decisions about care and treatment

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

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

- 74% said the GP gave them enough time compared to the CCG average of 79% and the national average of 87%).
- 85% said the last GP they saw was good at explaining tests and treatments (CCG average of 80%, national average of 86%)
- 84% said the last GP they saw was good at involving them in decisions about their care (CCG average 76%, national average 82%)
- 82% said the last nurse they saw was good at involving them in decisions about their care (CCG average 77%, national average 85%)

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.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 57 patients (approximately 0.75% of the practice list) as carers. Written information was available to direct carers to the various avenues of support available to them.

Are services caring?

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the CCG had identified a high incidence of strokes in the local population and had introduced a stroke prevention and atrial fibrillation local enhanced service. The practice had signed up for the service and carried out pulse and blood pressure checks on patients aged between 40 and 65.

- The practice offered extended evening hours Monday to Thursday and on Friday morning for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who were unable to attend the practice for medical reasons.
- Same day appointments were available for children and those with serious medical conditions.
- Appointments could be booked and repeat prescriptions could be ordered online.
- There were nine consulting rooms; six on the ground floor, with step-free access and three on the first floor. There were disabled facilities and translation services were available.

Access to the service

The practice's opening hours were 8.00am to 6.30pm, Monday to Friday. It operated extended hours on Monday evening, from 6.30pm to 8.00pm; on Tuesday to Thursday evenings from 6.30pm to 7.00pm; and on Friday morning between 7.30am and 8.00am. Appointments were available throughout the day and could be booked online by patients who had previously registered to use the facility. Routine appointments could be booked up to five weeks in advance.

The practice participated in the electronic prescribing service, allowing patients to pick up prescriptions at their nominated pharmacies, without the need to attend the practice first. The practice used the Choose and Book

facility allowing patients referred for secondary treatment to have some choice, where practicable, of the hospital or clinic they attend and the date and time of the appointment.

In addition, a duty doctor ran a session each morning from 9.00am to 11.30am for walk in patients. Telephone consultations were available each morning between 11.30am and 12noon. The GPs also made home visits.

As a training practice, GP registrars worked there from time to time. There had been 20 trainees since 1996 and the four current salaried GPs had ex-students.

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 a link to the NHS 111 service on the practice website, which also included details of local urgent care centres.

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

- 77% of patients were satisfied with the practice's opening hours compared to the CCG average of 70% and national average of 75%.
- 99% patients said they could get through easily to the surgery by phone (CCG average 70%, national average 73%).
- 68% patients said they always or almost always see or speak to the GP they prefer (CCG average 51%, national average 59%).

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

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.

Are services responsive to people's needs?

(for example, to feedback?)

- Although there was no poster providing information on how to make a complaint, we saw that forms were available in the reception area and were provided upon request.

We looked at three complaints received in the last 12 months and found they were satisfactorily handled, dealt with in a timely way, with openness and transparency. For

example, we saw that a patient had complained about clinical issues relating to their care and had referred the matter to advocacy services. The practice met with the patient and the advocates and agreed a suitable resolution. The complaint was withdrawn and the patient continued to use the practice.

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 aims and objectives were set out in its statement of purpose –

- “Our aim and objective is that we will make sure that patient can expect services to meet essential standards of quality and safety that respect their dignity and protect their rights.
- We will take into consideration the views and experiences of patients who use services.
- We will continuously monitor compliance with essential standards as part of a new, more dynamic, responsive and robust system. We will involve Patient Participation Group in service provision.”

Staff we spoke with knew and understood the values.

The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

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 was maintained.
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality

care. They prioritise safe, high quality and compassionate care. The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

The practice was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.

When there were unexpected or unintended safety incidents:

- 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 management.

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG with 33 members, which met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, following a request by the PPG, the practice's health care assistant was trained in phlebotomy and now carried out blood tests for older patients and those with mobility problems.

Are services well-led?

Good 

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

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

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, staff had protected learning and GP registrars visited vulnerable patients at home to interview them and their carers for feedback on the service.