

Dr N Driver and Partners

Quality Report

Lord Lister Health Centre
121 Woodgrange Road
Forest Gate
London
E7 0EP
Tel: 020 8250 7510
Website:

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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

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	3
The six population groups and what we found	6
What people who use the service say	10

Detailed findings from this inspection

Our inspection team	11
Background to Dr N Driver and Partners	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr N Driver and partners on 31 May 2016. Overall the practice is rated as good.

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

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

- 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.
- The practice worked effectively with the patient participation group (PPG) to ensure patient views about the service were communicated and areas for improvement were identified and addressed.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvement are:

- Continue to review telephone access for patients following the installation of the new telephone system in order to ascertain if patient satisfaction in this regard has improved.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

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

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



Summary of findings

- The practice reviewed deceased patient's notes and contacted any other services involved in their care to inform them of the death. This helped to prevent unnecessary ongoing contact with the deceased patient's family.
- For convenience, the practice tried to coordinate appointments for the patient and carer so they could attend the practice for appointments at the same time.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. Examples included screening for pre-diabetic patients to ensure patients at risk of developing diabetes were identified and the appropriate intervention measures were taken. The practice also carried out pulse checks for atrial fibrillation (irregular heart beat) and in house electrocardiogram (ECG) tests. (An ECG is a test which measures the electrical activity of your heart to show whether or not it is working normally).
- 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 installed a new telephone system to address patient's difficulties with getting through to the practice by telephone.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.

Good



Summary of findings

- 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 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.

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.
- The practice referred patients identified as being at high risk of falls to the falls clinic.
- The practice worked as part of a multi disciplinary team (MDT) which included the District Nursing team, MDT co-ordinator and palliative care nurses to provide holistic care for the housebound and 'end of life' patients.

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 had a robust recall system for those patients with a long term condition. Patients were recalled for reviews by telephone, letter, or text message.
- The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months (01/04/2014 to 31/03/2015) was 94% against the CCG and national averages of 89% and 88% respectively.
- Diabetes multi disciplinary team meetings were held every two months.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

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 in line with local averages for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice supported shared care of pregnant women with the midwifery team, who ran clinics from the same building
- The percentage of women aged 25-64 whose notes record that a cervical screening

test has been performed in the preceding 5 years (01/04/2014 to 31/03/2015) was 82% against a CCG and national average of 81% and 82% respectively.

- The practice ran a diabetes youth project which involved four “youth champions” who were consulted on how the practice could better support young people with diabetes.
- The practice ran an apprentice programme for young people who were considering careers in the NHS.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- Children under 16 and those requiring emergency contraception were amongst those patients who were prioritised for appointments.

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.
- The practice operated extended hours to provide appointments outside of normal working hours.
- The practice offered ‘Home for the holiday’ appointments for students who were not normally registered at the practice.
- A text reminder was sent to patients once an appointment had been made and was resent 24 hours before the appointment.

Good



Summary of findings

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 at risk of unplanned admissions and those with a learning disability.
- Health checks were available for patients with learning disabilities. A health action plan was issued for each patient.
- Vulnerable patients were flagged on the computer system so that staff were aware and would deal with them appropriately.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice 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.
- For convenience, the practice tried to coordinate appointments for patients and their carer so they could attend the practice for appointments at the same time.

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).

- Performance for mental health related indicators was above better the national average. For example the percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months (01/04/2014 to 31/03/2015) was 100% against the CCG and national averages of 87% and 84% respectively.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2014 to 31/03/2015) was 94% against the CCG and national averages of 84% and 88% respectively.

Good



Summary of findings

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published on 7 January 2016. The results showed the practice was performing in line with local and national averages. Three hundred and seventy eight survey forms were distributed and one hundred and twenty two were returned. This represented 2% of the practice's patient list.

- 52% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 71% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 89% of patients described the overall experience of this GP practice as good compared to the national average of 85%.

- 77% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received nine comment cards which were generally positive about the standard of care received. Two patients commented about difficulty getting appointments with their choice of GP and getting through on the telephone however all of the respondents were positive about the care and treatment they received.

We spoke with six patients during the inspection. All six patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. In the friends and family test 84% of patients said they would recommend the practice.

Dr N Driver and Partners

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Dr N Driver and Partners

Dr N Driver and partners is a four partner GP practice based at 121 Woodgrange Road, Forest Gate in the London Borough of Newham. It is one of 61 GP practices which fall under Newham Clinical Commissioning Group (CCG). The practice is one of three GP practices based within Lord Lister Health Centre. It is situated adjacent to a train station and is well served by local bus routes. Parking is available on the surrounding roads.

The practice patient list size is approximately 6794. The population distribution of the practice area shows a higher than average proportion of patients aged 25 to 34. The white British ethnic group is the largest ethnic group in the borough accounting for 17% of the population. Indian is the largest ethnic minority group in Newham accounting for 14% followed by African at 12%. Female life expectancy in Newham is 81 years, one and a half years less than the England average of 83. Male life expectancy in Newham is 76 years, nearly two and a half years less than the England average of 79 years. Newham is the third most deprived local authority area in England.

The practice staff consists of seven GPs (three male, four female), a pharmacist (male), a nurse and a health care assistant (HCA) (both female). Non clinical staff included an operations manager, two reception supervisors, a

prescriptions clerk, four receptionists and three trainees/apprentices. Two of the partners worked alternate weeks (4.5 sessions each) and another was on long term leave at the time of our inspection. The other GPs worked a total of 20 sessions per week. The practice nurse worked two sessions and on Fridays only. The HCA worked six sessions per week. The practice is a teaching practice.

The practice is open between 8.30am and 12.30pm Monday to Friday and 1.30pm to 6pm Monday to Friday. It closes for an hour from 12.30pm to 1.30pm every day. Appointment times vary by clinician. Appointment times for each clinician are detailed in the practice leaflet. Generally appointments are available from 8.30am to 6pm daily. Extended hours appointments are offered by the local GP hub from 6.30pm to 9pm daily and from 9am to 5.30pm on Saturdays and Sundays. Outside of these hours services are available through the Newham out of hours GP service. In addition to pre-bookable appointments that can be booked up to six weeks in advance, urgent appointments are also available for people that needed them.

The practice is registered to provide Maternity and midwifery services, Diagnostic and screening procedures, Treatment of disease, disorder or injury and Family planning from 121 Woodgrange Road, Forest Gate, London E7 0EP.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal

Detailed findings

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.

Dr N Driver and Partners has not been inspected before.

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 31 May 2016.

During our visit we:

- Spoke with a range of staff (insert job roles of staff) and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- The practice had developed a flow chart which was accessible to all staff. This set out the process to be followed to identify, record and manage a significant event.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, following an incident at the reception desk where the panic alarm had failed to activate, an investigation had been carried out and the computer based alarm system had been checked. To ensure this did not happen again the alert system was tested manually every month and this check was recorded.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly

outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and nurses were trained to child protection or child safeguarding level 3.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role. They had either a Disclosure and Barring Service (DBS) check or a risk assessment concluding that a DBS check was not required. (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 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 protocol 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.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. Prescriptions which had not been collected were given back to the prescriber to review whether any action was necessary. 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. Blank prescription forms and 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. PGDs are written instructions for the supply or administration of medicines to groups of patients

Are services safe?

who may not be individually identified before presentation for treatment. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.

- We reviewed five 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 practice had a locum GP checklist which listed all documents to be obtained when recruiting a locum and the documents locums should be provided with.

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. A health and safety risk assessment had been carried out in March 2016. An action plan was in place and progress was being monitored by the practice. The practice had up to date fire risk assessments. The last risk assessment was carried out in March 2016. Regular fire drills had taken place. The last fire drill had taken place in May 2016. 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 most recent check had taken place in January 2016. The practice had a variety of other risk assessments in place to monitor safety of the premises such as infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. Additional cover for leave and busy periods was provided by existing staff. The practice had used a GP locum three times in the preceding year.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. Copies were accessible off site in case the practice became inaccessible.

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 99% of the total number of points available with 6% 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 1 April 2014 to 31 March 2015 showed:

- Performance for diabetes related indicators was similar to the national average. For example, the percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months (01/04/2014 to 31/03/2015) was 94% against the CCG and national averages of 89% and 88% respectively.
- Performance for mental health related indicators was above the national average. For example the percentage of patients diagnosed with dementia whose care has

been reviewed in a face-to-face review in the preceding 12 months (01/04/2014 to 31/03/2015) was 100% against the CCG and national averages of 87% and 84% respectively.

There was evidence of quality improvement including clinical audit.

- There had been two clinical audits completed in the last two years, both of these were completed audits where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, following an audit of patients with atrial fibrillation (a heart condition that causes an irregular and often abnormally fast heart rate), it was discovered that not all patients with this condition were receiving the appropriate treatment. The register consisted of 45 patients. During the review, it was found that two patients meeting the set criteria had not been receiving the correct medicine. Following a re-audit six months later, all patients meeting the set criteria were found to be receiving the appropriate medicines.

Information about patients' outcomes was used to make improvements. The practice closely monitored its performance against QOF which it used to monitor its performance in patient outcomes. Measures introduced to improve outcomes for patients included the employment of an in house pharmacist to support patients with medicine optimisation, the new patient induction programme which included carrying out health checks opportunistically and a diabetic clinic which included patient education about diabetes and insulin.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- 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. We saw evidence that the practice nurse and

Are services effective?

(for example, treatment is effective)

health care assistant (HCA) had recently received training on asthma and chronic obstructive pulmonary disease (COPD) from a local clinical commissioning group (CCG) pharmacist.

- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. The practice shared premises with health visitors, diabetic specialist nurses, community matrons and district nurses. Clinicians were able to seek advice from these other professionals easily. Diabetes multi disciplinary team

meetings took place every two months where a consultant met with clinicians to discuss difficult cases. Meetings took place with other health care professionals every three months when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and those experiencing poor mental health. Patients were signposted to the relevant service. Patients on the palliative care list were reviewed at multi disciplinary team meetings which took place every three months.
- Patients were referred for dietary and smoking cessation advice.
- The practice kept a list of patients who were at risk of admission to hospital. They were also flagged on the computer system. We saw personal care plans which had been prepared for these patients with a view to avoiding unplanned admissions in collaboration with the multi disciplinary team. Reviews were carried out at multi disciplinary team meetings which were held every three months. Patients who had been admitted to hospital unexpectedly or who attended A&E were contacted by the practice to discuss any additional support they may have required.

Are services effective? (for example, treatment is effective)

The practice's uptake for the cervical screening programme was 82%, which was in line with the CCG average of 81% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice 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. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 20% to 93% (6% to 93% CCG average) and five year olds from 86% to 92% (82% to 95% CCG average).

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

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

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

- 88% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 83% and the national average of 89%.
- 90% of patients said the GP gave them enough time compared to the CCG average of 79% and the national average of 87%.
- 93% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 91% and the national average of 95%.

- 86% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 75% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 86% of patients said they found the receptionists at the practice helpful compared to the CCG average of 80% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

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

- 88% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 80% and the national average of 86%.
- 80% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 68% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

We were told the results that related to the nurse related to a previous member of staff who no longer worked at the practice.

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

- Staff told us that interpreting services were available for patients who did not have English as a first language.

Are services caring?

We saw notices in the reception areas informing patients this service was available. Interpreters could be arranged with notice. Alternatively a telephone interpreting service was also available.

- Information leaflets were available in easy read format.
- One member of staff was qualified in British Sign Language to support communication with patients with hearing impairments.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 260 patients as

carers (4% of the practice list). Carers were offered assessments which involved a review of their caring role and how it affected their life and wellbeing. Written information was available to direct carers to the various avenues of support available to them. For convenience, the practice tried to coordinate appointments for the patient and carer so they could attend the practice for appointments at the same time.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service. The practice reviewed the deceased patient's notes and contacted any other services involved in their care to inform them of the death. This helped to prevent unnecessary ongoing contact with the deceased patient's family.

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. Examples included screening for pre-diabetic patients to ensure patients at risk of developing diabetes were identified and the appropriate intervention measures were taken. The practice also carried out pulse checks for atrial fibrillation and in house electrocardiogram (ECG) tests. (An ECG is a test which measures the electrical activity of your heart to show whether or not it is working normally). The practice received incentives from the CCG to formulate and review diabetes, lung disease and asthma care plans twice a year for affected patients.

- The practice offered late appointments on a Monday and Wednesday evening until 8.30pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Patients with a learning disability were invited for annual health checks and provided with details of support groups.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately/were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and interpreting services available. The main door to the practice opened automatically, the reception desk was lowered to accommodate wheel chair users and children; and all consulting rooms were on the ground floor.
- The practice had a screen in the reception area which was used to alert patients when it was their turn to be seen. This screen was also used to provide general health and patient information. Notices on the wall gave

information local advice services such as the Female Genital Mutilation (FGM) helpline, talking therapies, domestic violence and the Silver Line service for elderly people. The practice had a notice board which provided information and advice about fasting during Ramadan.

Access to the service

The practice was open between 8.30am and 12.30pm and then 1.30pm to 6pm Monday to Friday. It closed for an hour from 12.30pm to 1.30pm every day. Appointment times varied by clinician. Appointment times for each clinician were detailed in the practice leaflet. Generally appointments were available from 8.30am to 6pm daily. Extended hours appointments were offered by the local GP hub from 6.30pm to 9pm daily and from 9am to 5.30pm on Saturdays and Sundays. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with the practice's opening hours was comparable to local and national averages. However the results for their ability to get through to the practice by phone were lower than the local and CCG average.

- 80% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 52% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

We saw evidence that the practice had been involved in discussions with its telephone service provider following the dissolution of the Primary Care Trust (PCT) in 2013. In collaboration with the PPG a new service provider had been engaged and was due to be launched in June 2016. The launch was confirmed following the inspection. The new telephone system allowed a number of lines into the building so that patients could wait in a queuing system and be notified what number they were in the queue.

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

The practice had a system in place to assess:

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

Are services responsive to people's needs?

(for example, to feedback?)

Patients were required to contact the practice before 11am to request a home visit. The GP would contact the patient to establish the nature of the problem and arrange to attend or to give advice. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

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

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

- We saw that information was available in the practice leaflet and on display to help patients understand the complaints system.

We looked at 10 complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way and with openness and transparency in dealing with complaints. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken as a result to improve the quality of care. For example, in relation to a complaint about a patient not receiving their test results, the practice had carried out an investigation and found out the hospital had used an incorrect fax number. The practice contacted the hospital to ensure the fax number was corrected and then emphasised with staff the importance of chasing test results that had not been received.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values. The mission statement was to provide the highest quality primary and additional care services to their patients in a safe, effective, responsive and economical way.
- 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 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

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of

candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

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

- Staff told us the practice held regular team meetings. Practice meetings were held monthly, minutes were shared with all staff. We saw staff members signed the minutes to confirm they had read them. The practice held daily “huddles”; meetings where all available staff met together at a convenient point during the day to discuss and share any matters that had arisen that day. We saw notes were taken and shared with staff.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. We noted team events were held twice a year; in the summer and at Christmas time. They also got together for birthdays and other family celebrations.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. 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

Are services well-led?

Good 

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

through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, patients had reported difficulty getting through to the practice by telephone. This had been communicated through the PPG, amongst other sources. As a result the practice installed a new telephone system in June 2016 which had a number of lines, thereby allowing a queuing system. We were told feedback from patients had been positive as they were now aware what number they were in the queue, rather than receiving an engaged tone.

- The PPG produced a newsletter which provided health tips, practice information and information about local services and events. Patients said they found this useful and informative.
- 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. For example, following an incident where a patient's prescription from hospital had been lost, staff had raised a concern about potential for letters to get lost as there was no process in place. As a result a process was introduced whereby letters brought in by patients were to be given to the scanning clerk

immediately. This was discussed at the daily staff "huddle" and displayed on the staff notice board. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. The practice was aware that its local population continued to increase rapidly and we saw plans were in progress to meet the expected increased demand for its services. For example a risk assessment had been carried out about space utilisation at the practice premises. The practice was in the process of converting two rooms into additional consulting rooms with a view to recruiting additional clinicians.

The practice, in collaboration with the local Clinical Commissioning Group (CCG) had employed a pharmacist who was able to advise and assist with all matters relating to medication management. This was a new CCG initiative and it was hoped the pharmacist would be able to take on some of the tasks currently undertaken by a GP or nurse, thus increasing the practice's capacity to see and treat patients in a timely manner.