

Connaught Surgery

Quality Report

144 Hedge Lane
Palmers Green
London
N13 5ST

Tel: 0208 920 9606

Website: www.connaughtsurgery.co.uk.uk/

Date of inspection visit: 13 July 2017

Date of publication: 22/09/2017

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

Ratings

Overall rating for this service

Good 

Are services safe?

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	4
The six population groups and what we found	7
What people who use the service say	10
Areas for improvement	10

Detailed findings from this inspection

Our inspection team	11
Background to Connaught Surgery	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 Connaught Surgery on 21 December 2016. During the inspection we identified a range of concerns including an absence of staff pre-employment checks and systems in place to ensure the safe storage of vaccines. (The full comprehensive report on the December 2016 inspection can be found by selecting the 'all reports' link for Connaught Surgery on our website at www.cqc.org.uk). The overall rating for the practice was requires improvement.

An announced comprehensive inspection was undertaken on 13 July 2017. Overall the practice is now rated as good.

Our key findings of our inspection of Connaught Surgery were as follows:

- Action had been taken to address failings regarding the safe storage of medicines in that the provider had replaced a domestic fridge which was being used to store vaccines with a new validated medicines fridge.

- Action had been taken to address failings with the practice's system of undertaking pre-employment checks. Staff personnel records we reviewed contained the necessary pre-employment checks in accordance with the practice's recently revised recruitment policy.
- Action had been taken to improve governance arrangements in areas such as quality improvement and risk management, such that the arrangements now facilitated the delivery of high quality person-centred care.
- Clinical audit was being used to drive quality improvement.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses.

Summary of findings

- Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Data from the national GP patient survey showed that the practice performed well in several aspects of care. For example, all of the 114 patients interviewed as part of the GP national patient survey said they had confidence and trust in the last nurse they saw.
- 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.
- 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 monitor arrangements for managing blood test results, so as to ensure that the system is robust, effective and safe.
- Ensure that water temperature monitoring takes place to control the risk from legionella (a term for a particular bacterium which can contaminate water systems in buildings).

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.

Good



- When we inspected in 2016, we noted that vaccines were not being stored in a validated medicines fridge and also that staff pre-employment checks were not routinely taking place. We asked the provider to take action and at this inspection noted that a validated medicines fridge had been purchased and that, in accordance with a recently revised protocol, staff pre-employment checks now routinely took place.
- From the sample of documented examples we reviewed, we found there was an effective system for reporting and recording significant events; lessons were shared to make sure action was taken to improve safety in the practice. When things went wrong patients were informed as soon as practicable, received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices to minimise risks to patient safety.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had adequate arrangements to respond to emergencies and major incidents.

Are services effective?

The practice is rated as good for providing effective services.

Good



- When we inspected in 2016, we noted that several staff members' mandatory training and annual appraisals had lapsed. We asked the provider to take action and at this inspection the staff records we reviewed were up to date regarding staff appraisals and mandatory training.
- Staff were aware of current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- End of life care was coordinated with other services involved.

Summary of findings

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed that the practice performed well in several aspects of care. For example all of the 114 patients interviewed as part of the GP national patient survey said they had confidence and trust in the last nurse they saw.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the local Clinical Commissioning Group to secure improvements to services where these were identified. For example, the practice was part of a CCG led network of local practices which offered late evening and weekend appointments.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- Patients we spoke with said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- Complaints management was well organised and learning from complaints was well documented. We also saw evidence of how the practice had discussed learning from complaints and how it had used this information to improve the service.

Are services well-led?

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

Good



- When we inspected in 2016, governance arrangements did not always operate effectively. For example, risks associated with the safe management of medicines and pre-employment checks were not well managed. At this inspection the provider had reviewed its governance arrangements and introduced a

Summary of findings

risk identification, performance monitoring and quality improvement. For example, monitoring systems had been improved to ensure that staff were up to date regarding annual appraisals and mandatory training.

- 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.
- Staff had received inductions and routinely attended staff meetings and training.
- The provider was aware of and complied with the requirements of the duty of candour.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged with the patient participation group.
- There was a focus on continuous learning and improvement at all levels. Staff training was a priority and was built into staff rotas.
- GPs who were skilled in specialist areas used their expertise to offer additional services to patients.
- GPs encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.

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.

Good



- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Where older patients had complex needs, the practice shared summary care records with local care services.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible.

People with long term conditions

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

Good



- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- Unverified practice data showed that as of 13 July 2017, 74% of patients with diabetes had a blood sugar level which was within the required range.
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.
- All these patients had a named GP and there was a system to recall patients for a structured annual review to check their

Summary of findings

health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

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

- The practice had achieved the 90% national target for most standard childhood immunisations for two and five year olds.
- From the sample of documented examples we reviewed we found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- Patients told us, on the day of inspection, that children and young people were treated in an age-appropriate way and were recognised as individuals.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked with midwives, health visitors and school nurses to support this population group. For example, in the provision of ante-natal and post-natal clinics.
- The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications.

Good



Working age people (including those recently retired and students)

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

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

Good



People whose circumstances may make them vulnerable

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

Good



Summary of findings

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

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

- The practice carried out advance care planning for patients living with dementia.
- Unverified practice data showed that as of 22 June 2017, 88
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff interviewed 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

As of the day of the inspection, the latest national GP patient survey results were dated July 2016 and contained aggregated data collected from July-September 2015 and January-March 2016.

The results showed that performance was above local and national averages. We noted that 243 survey forms were distributed and that 114 were returned. This represented 2% of the patient list.

- 92% of patients described the overall experience of this GP practice as good compared with the CCG average of 80% and the national average of 85%.
- 82% of patients described their experience of making an appointment as good compared with the CCG/national average of 73%.
- 84% 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 80%.

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection. We received 20 comment cards which were generally positive about the standard of care received. These were also positive about the service provided; with key themes being that reception staff were compassionate and friendly; and that clinicians treated patients with dignity and respect.

We also spoke with eight patients during the inspection who fed back that they were happy with the care they received and that staff were approachable, committed and caring.

Friends and Family Test (FFT) survey data for April 2017 to July 2017 reported that all of the 22 patients surveyed were either “Extremely Likely” or “Likely” to recommend the combined practice.

Areas for improvement

Action the service **SHOULD** take to improve

- Continue to monitor arrangements for managing blood test results, so as to ensure that the system is robust, effective and safe.
- Ensure that water temperature monitoring takes place to control the risk from legionella (a term for a particular bacterium which can contaminate water systems in buildings).

Connaught 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.

Background to Connaught Surgery

Connaught Surgery is located in the London Borough of Enfield, North London. The practice has a patient list of approximately 5000 patients. Twenty two percent of patients are aged under 18 (compared to the national practice average of 21%) and 16% are 65 or older (compared to the national practice average of 17%). Forty four percent of patients have a long-standing health condition.

The services provided by the practice include child health care, ante and post natal care, immunisations, sexual health and contraception advice and management of long term conditions.

The practice holds a General Medical Services contract with NHS England. This is a contract between NHS England and general practices for delivering general medical services and is the commonest form of GP contract.

The practice team at the surgery is made up of one part-time female and one full-time male GP partners (combined total of 16 clinical sessions per week), one female part time salaried GP (6 sessions per week) one part time female practice nurse, a practice manager and administrative/reception staff.

Appointments are available:

- Monday 9.00am to 1.30pm and 4.00pm to 6.00pm
- Tuesday 9.00am to 11.40am and 4.00pm to 8.20pm
- Wednesday 9.30am to 1.45pm and 2.30pm to 5.30pm
- Thursday 9.15am to 1.00pm and 2.00pm to 5.00pm
- Friday 9.00am to 11.40am and 4.00pm to 6.00pm

Extended hours appointments are available

- Tuesday 6.30pm to 8.30pm

The practice offers extra appointments after 6.30pm on Mondays and Thursdays on an ad hoc basis depending on patient need. The practice has also recently joined a local HUB network which enables patients to access late evening, early morning, Saturday and Sunday appointments.

Outside of these times, cover is provided by out of hours provider: Barndoc Healthcare Limited.

The practice is registered to provide the following regulated activities which we inspected:

Surgical procedures; Treatment of disease, disorder or injury; Maternity and midwifery services;

Diagnostic and screening procedures.

Why we carried out this inspection

We undertook a comprehensive inspection of Connaught Surgery on 13 December 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions.

During the inspection we identified a range of concerns including an absence of staff pre-employment checks and

Detailed findings

systems in place to ensure the safe storage of vaccines. (The full comprehensive report on the December 2016 inspection can be found by selecting the 'all reports' link for Connaught Surgery on our website at www.cqc.org.uk).

The practice was rated as good for providing caring and responsive services; and was rated as requires improvement for providing safe, effective and well led services. Overall the practice was rated as requires improvement.

We asked the provider to take action and we undertook a follow up inspection on 13 July 2017 to check that action had been taken to comply with legal requirements.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice. We carried out an announced visit on 13 July 2017. During our visit we:

- Spoke with a range of staff including partner GPs, deputy practice managers, practice nurse and receptionists.
- Observed how patients were being cared for in the reception area.
- Reviewed a sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

- Visited the practice's one location.

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, unless otherwise indicated, references to information and data throughout this report (for example any reference to the Quality and Outcomes Framework data) refers to the most recent information available to the CQC at that time.

Are services safe?

Our findings

At our previous inspection in December 2016, we rated the practice as requires improvement for providing effective services. This was because limited staff pre-employment checks and concerns about the safe storage of vaccines provided limited assurance about safety.

We found arrangements had improved when we undertook a follow up inspection on 13 July 2017 and the practice is now rated as good for providing safe services.

Safe track record and learning

There was a system for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- From the sample of documented examples we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. The practice carried out a thorough analysis of the significant events.
- Records showed that eight significant events had been logged since June 2016 and we saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, following patient X's diagnosis of measles (having not displayed any symptoms), we noted that the practice had contacted patients who were in the waiting area at the same time and offered to provide appropriate support if symptoms developed. The practice had also checked staff immunisation records and discussed and reviewed its isolation protocol.

- The practice also monitored trends in significant events and evaluated any action taken.

Overview of safety systems and processes

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

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs and practice 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 and had received a Disclosure and Barring Service (DBS) check. DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.

The practice maintained appropriate standards of cleanliness and hygiene.

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

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

Are services safe?

- There were processes for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred. The practice carried out regular medicines audits, with the support of the local clinical commissioning group 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 to monitor their use.

When we inspected 2016, we noted that a domestic fridge was being used to store vaccines as opposed to a validated medicines fridge which is secure and has accurate thermometers allowing for appropriate monitoring to ensure that vaccines are stored within the recommended temperature range. We also noted that the fridge was overstocked which compromised its effectiveness. At this inspection we noted that a new validated medicines fridge had been purchased. Staff were aware of the importance of maintaining accurate fridge temperatures and we noted that it was not over stocked.

- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

When we inspected in 2016, we reviewed four personnel files but could not verify that appropriate recruitment checks had been undertaken prior to employment such as proof of identification, references, qualifications and registration with the appropriate professional body.

We asked the provider to take action and at this inspection we noted that the practice's recruitment policy had been revised in order to improve pre-employment checks. We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

Monitoring risks to patients

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

- There was a health and safety policy available.

- The practice had an up to date fire risk assessment and carried out regular fire drills. There were designated fire marshals within the practice. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments to monitor safety of the premises such as infection control. We noted that the practice was periodically sending water samples for analysis regarding the presence of legionella (a term for a particular bacterium which can contaminate water systems in buildings) but we noted that water temperature monitoring was not routinely taking place.
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients.

Arrangements to deal with emergencies and major incidents

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

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

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection in December 2016, we rated the practice as requires improvement for providing effective services. This was because an absence of annual appraisals for some staff highlighted gaps in management and support arrangements; and an absence of mandatory training highlighted that staff were not always supported to participate in training.

We found arrangements had improved when we undertook a follow up inspection on 13 July 2017 and the practice is now rated as good for providing effective services.

Effective needs assessment

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

- The practice had systems to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.

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 93% of the total number of points available compared with the clinical commissioning group (CCG) average of 94% and national average of 95%. This practice was not an outlier for any QOF (or other national) clinical targets.

Unverified QOF data as of the day of our inspection showed that:

- Performance for diabetes related indicators ranged from between 65% to 100%.
- Performance for mental health related indicators ranged from between 50% (relating to one patient) to 100%.
- Performance for asthma related indicators ranged from 79% to 93%.
- Performance for hypertension was 84%.

When we inspected in December 2016, we saw evidence of quality improvement including two cycle clinical audits. At this inspection we noted that there had been two additional clinical audits undertaken in the seven months since our December 2016 inspection. These were also completed two cycle audits and had been used to drive quality improvements in diabetic care and the monitoring of high risk medicines.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. The provider had taken action since our last inspection to ensure that all applicable staff had received an appraisal within the last 12 months.
- The provider had taken action since our last inspection to ensure that staff received mandatory training that included: health and safety, fire safety awareness, basic life support and infection control. Staff had access to and made use of e-learning training modules and in-house training.

Are services effective?

(for example, treatment is effective)

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.
- From the sample of documented examples we reviewed we found that 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. Information was shared between services, with patients' consent, using a shared care record. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

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

We looked at the systems in place for managing test results, to ensure that it was robust, effective and safe. On the day of our inspection, we noted that 14 blood test results were awaiting action (dating back approximately one week and of which three were indicating an abnormal blood test result). We reviewed the three results and saw that the blood test results were marginally abnormal and did not present immediate patient risk. The practice explained that the results had not been actioned because the patient's GP had been on leave at the time. The practice contacted the patients during our inspection and shortly after our inspection we were sent copies of a significant event log regarding the incident and an amended blood test results protocol. This included a new failsafe to ensure that absent GPs' blood test results were redirected to a designated duty GP.

Consent to care and treatment

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

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

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to relevant services. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.

The practice's latest published uptake data for the cervical screening programme was 79% which was comparable to 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 85% to 95% and five year olds from 86% to 88%.

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 20 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 eight members of the patient participation group. 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. Feedback we received from two local care homes highlighted that clinicians were compassionate caring and respectful.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. Patient satisfaction scores regarding consultations with GPs and nurses were above or significantly above Clinical Commissioning Group (CCG) and national performance. For example:

- 94% of patients said the GP was good at listening to them compared with the rounded national and clinical commissioning group (CCG) average of 89%.
- 89% of patients said the GP gave them enough time compared to the CCG average of 82% and the national average of 87%.
- 86% 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 92%.

- 85% 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%.
- 97% of patients said the nurse was good at listening to them compared with the CCG average of 85% and the national average of 91%.
- 98% of patients said the nurse gave them enough time compared with the CCG average of 86% and the national average of 92%.
- 100% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 96% and the national average of 97%.
- 97% 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%.
- 93% of patients said they found the receptionists at the practice helpful compared with the CCG average of 84% and equalled the 87% national average.

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 looked at a selection of care plans and saw that they 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 above local and national averages. For example:

- 89% of patients said the last GP they saw was good at explaining tests and treatments compared to the respective CCG and national averages of 82% and 86%.
- 83% 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%.
- 92% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 84% and the national average of 90%.

Are services caring?

- 91% 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%.

Staff told us that interpreting services were available for patients who did not have English as a first language (including British Sign Language). We saw notices in the reception area informing patients this service was available.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website. Support for socially isolated or house-bound patients included signposting to relevant support and volunteer services.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified more than 1% of its patient list as carers. Written information was available to direct carers to the various avenues of support available to them. We were told that older carers were offered timely and appropriate support such as influenza vaccinations. The practice also held regular social events (such as charity Macmillan coffee afternoons and Christmas Eve tea parties) where patients were invited. We were told that carers were always invited to such events.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice had reviewed the needs of its local population.

- The practice was part of a network of local practices and was therefore also able to offer early morning, late evening and weekend appointments.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- There were disabled facilities, a hearing loop and interpreting services available.
- The practice could accommodate gender specific GP consultation requests.
- On line appointment booking and repeat prescription facilities were available.

Access to the service

Appointments are available:

- Monday 9.00am to 1.30pm and 4.00pm to 6.00pm
- Tuesday 9.00am to 11.40am and 4.00pm to 8.20pm
- Wednesday 9.30am to 1.45pm and 2.30pm to 5.30pm
- Thursday 9.15am to 1.00pm and 2.00pm to 5.00pm
- Friday 9.00am to 11.40am and 4.00pm to 6.00pm

Extended hours appointments are available

- Tuesday 6.30pm to 8.30pm

The practice offers extra appointments after 6.30pm on Mondays and Thursdays on an ad hoc basis depending on patient need.

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 patients' satisfaction with how they could access care and treatment were above local and national averages.

- 78% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 74% and the national average of 76%.
- 91% of patients said they could get through easily to the practice by phone compared to the national average of 73%.
- 80% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the 76% CCG and national averages.
- 92% of patients said their last appointment was convenient compared with the CCG average of 90% and the national average of 92%.
- 82% of patients described their experience of making an appointment as good compared with the 73% CCG and national averages.

When we asked the provider how they had sought to improve appointments access we were advised that the practice had recently joined a local HUB network of practices which enabled patients to access late evening, early morning, Saturday and Sunday appointments. Staff meeting minutes noted that staff had been encouraged to promote this service to patients.

When we looked at the practice's appointments system we noted that emergency appointments were available that day and that routine appointments were available within 48 hours.

The practice had a system to assess:

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

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.

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

Are services responsive to people's needs?

(for example, to feedback?)

Listening and learning from concerns and complaints

We looked at the practice's systems for handling complaints and concerns.

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

- We saw that information was available to help patients understand the complaints system including posters, reception TV information, patient information leaflet and information on the practice website.

Records showed that the practice had received eight complaints since our December 2016 inspection. We looked at one of these complaints and found that it was satisfactorily handled and dealt with in a timely way.

Are services well-led?

Good 

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

Our findings

At our previous inspection in 2016, we rated the practice as requires improvement for providing well-led services because governance arrangements for risk and performance management did not always operate effectively.

When we undertook a follow up inspection on 13 July 2017 we noted that governance arrangements had significantly improved. The provider is therefore rated as good for providing well led services.

Vision and strategy

The practice's statement of purpose was to provide an environment whereby the patients feel safe and cared for; and through discussion and agreement are provided with treatment and management plans including medication and referral to specialist services when appropriate.

Staff knew and understood their role in delivering care and we noted that the practice had a mission statement which was displayed in the waiting area.

Governance arrangements

When we inspected in 2016, governance arrangements did not support the delivery of high-quality care. For example, risks associated with the absence of pre-employment checks and the unsafe storage of vaccines were not well managed.

At this inspection, we saw evidence that the provider had introduced a governance framework which focused on the delivery of good quality care. For example:

- Practice specific policies had been reviewed as necessary and were available to all staff (for example the practice's policies on pre-employment checks and the safe storage of vaccines).
- A comprehensive understanding of the performance of the practice was maintained. Records showed that regular practice meetings were held and which provided an opportunity for staff to learn about the performance of the practice and identify improvements as necessary.
- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Clinical and internal audit continued to be used to monitor quality and to make improvements.

- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints.
- Monitoring systems had been improved to ensure that staff were up to date regarding annual appraisals and mandatory training.

However, we also noted that the practice did not have a system in place to ensure that arrangements for managing blood test results were robust, effective and safe; although when we highlighted our concerns the practice took prompt action to improve patient safety in this area.

Leadership and culture

On the day of inspection a partner GP told us that the key priorities had been to reflect and improve on the findings of our 2016 inspection. Staff spoke positively about an open culture where managers were approachable, always took the time to listen and fostered an improvement culture.

They were aware of and had systems to ensure compliance with the requirements of the duty of candour (a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). They also encouraged a culture of openness and honesty; and there was a clear leadership structure. Staff told us that they felt supported by management.

- Staff said they felt respected, valued and supported. Partner GPs told us that they encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients and (for example from the NHS Friends and Family test). Records showed that staff meetings routinely sought and acted on staff feedback.

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. For example, the practice nurse spoke positively about how a suggestion to improve the running of the practice's travel vaccination clinic had been adopted by GPs. PPG members also spoke positively about how the practice had listened and acted on the group's suggestions.

Are services well-led?

Good 

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

Continuous improvement

Staff used information to review performance and make improvements. For example, since our December 2016

inspection, the practice had undertaken a further two, two cycle completed clinical audits; the results of which were being used to drive quality improvement in areas such as diabetic care and the monitoring of high risk medicines.