# Dr Andrew Rose

## Quality Report

Dr Andrew Rose
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Date of inspection visit: 9 July 2015
Date of publication: 17/09/2015

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

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|---|---|
| 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



## Overall summary

**Letter from the Chief Inspector of General Practice**

We carried out an announced comprehensive inspection at Dr Andrew Rose also known as Dr Rose's Surgery on 9 July 2015. Overall the practice is rated as good.

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

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Risks to patients were assessed and well-managed, including managing medicines and infection control. The practice had safeguarding vulnerable children and adults policies and staff were up to date with safeguarding training.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and clinical staff had annual appraisals to identify any further training needs.
- Patients said staff were helpful, friendly, caring and treated them with dignity and respect. They were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients were generally satisfied with the appointment system and said they found it easy to make an appointment with a named GP and that there was continuity of care. Urgent appointments were available the same day.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from patients through surveys, comments and suggestions and they acted on feedback to improve care and services.

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

Importantly the provider should;

# Summary of findings

- Ensure that all staff who may be called upon to perform chaperone duties receives a disclosure and barring check (DBS).
- Review the processes to ensure that infection control audits are formally recorded in line with recommended guidance.
- Ensure that Mental Capacity Act (MCA) training is undertaken by all clinical staff.
- Ensure that all newly appointed staff files contain formal documentation of the pre-employment checks undertaken.
- Conduct more independent clinical audits.

**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?**

Good

The practice is rated as good for providing safe services. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Significant events were reported and learning points identified were discussed at practice meetings to support improvement. There were systems and processes in place to keep people safe, including safeguarding vulnerable children and adults, infection control procedures and safe storage and management of medicines and vaccinations. However, there were no formally documented infection control audits. We were told staff had received appropriate pre-employment recruitment checks, however staff records did not contain all the evidence to support this. The practice had procedures in place to deal with emergencies and all staff were aware of these procedures and had received up to date training in basic life support.

**Are services effective?**

Good

The practice is rated as good for providing effective services. Data showed patient outcomes were at or above average for the locality. Staff referred to guidance from the National Institute for Health and Care Excellence and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. Staff had received training appropriate to their roles, for example in safeguarding, basic life support and information governance. There was evidence of appraisals and personal development plans for clinical staff, however these were not formally being carried out for administration staff. The practice held monthly multi-disciplinary teams to discuss and plan management for patients with complex medical needs. The practice had systems in place to promote good health, for example pro-active referral to smoking cessation services and offering NHS Health Checks to eligible patients. The practice performance for cervical smears and flu immunisations were below the national average, however they were aware of this and felt it was due in part to the transient nature of their practice population.

**Are services caring?**

Good

The practice is rated as good for providing caring services. Patients said staff were helpful, friendly, caring and treated them with dignity and respect. Data from the National GP Patient Survey 2014 showed the practice was at or above average for patient satisfaction scores for consultations with GPs and interactions with receptionists. Patients said they were treated with compassion, dignity and

# Summary of findings

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

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

Good

The practice is rated as good for providing responsive services. It reviewed the needs of its local population and engaged with NHS England and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. Patients were generally satisfied with the appointment system and results from the National GP patient survey showed that appointment satisfaction levels were at or above the CCG and national averages. Patients said they found it easy to make an appointment with a named GP and urgent appointments were available the same day. There were no routine bookable appointments available in advance and patients are advised to book on the day of their preferred choice. The practice had good facilities and was well equipped to treat patients, however access to the practice was by stairs only which would be difficult for patients with mobility issues. Information about how to complain was available and easy to understand. The practice conducted an annual review of complaints to identify trends and share learning with all staff.

**Are services well-led?**

Good

The practice is rated as good for being well-led. It had a clear vision and staff understood their responsibilities in relation to this. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular practice meetings to review these. There were systems in place to monitor and improve quality and identify risk. For example, the practice undertook regular audit linked to CCG guidance to monitor and improve services. The practice sought feedback from staff and patients, which it acted on. There was no patient participation group (PPG), however feedback was gained through patient surveys, the Friends and Family Test and complaints received. They had annual review of complaints and feedback to identify areas for improvement and share these with all staff. Clinical staff had received regular performance reviews and these were used to identify areas for training and professional development.

# 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**

Good

The practice is rated as good for the care of older people. The practice undertook risk profiling of the practice population to identify vulnerable older patients at risk of hospital admission. These patients were invited for review and comprehensive care plans created to help reduce the risk of admission. Clinical staff performed opportunistic screening for dementia during consultations and were pro-active in referring patients to local memory services for diagnosis and investigation if required. The practice held monthly multi-disciplinary team meetings attended by a range of health professionals including district nurses and community palliative care to discuss and review care plans of older patients with complex needs. The practice offered longer appointments on request and home visits for older patients that required them. The practice had a lead for safeguarding vulnerable adults and all staff had received up to date vulnerable adult training.

**People with long term conditions**

Good

The practice is rated as good for the care of people with long-term conditions. Patients with long term conditions were offered annual health reviews specific to their condition. For example, patients with Chronic Obstructive Pulmonary Disease (COPD) were offered annual in-house spirometry with their health reviews. Longer appointments and home visits were available when needed. The practice undertook risk profiling of the practice population to identify patients with long-term conditions at risk of hospital admission. These patients were invited for review and had comprehensive care plans created to help reduce the risk of admission. The practice held monthly multi-disciplinary team meetings attended by a range of health professionals including district nurses and community palliative care to discuss and review care plans of patients with complex medical needs.

**Families, children and young people**

Good

The practice is rated as good for the care of families, children and young people. The practice had a child protection policy and staff had all received role appropriate training in child protection. They maintained a register of vulnerable children including those to subject to child protection plans to ensure all staff were aware of any issues when reviewing these patients. The practice offered GP led antenatal, postnatal and family planning services. Urgent access appointments were available for children and they were always allocated an appointment on the day. Double appointments were

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arranged if a parent and child both needed to be seen, including six week postnatal checks for mother and child. Childhood immunisation rates were mostly at the CCG average depending on vaccination. The practice was only accessible by external and internal stairs which would be difficult for families with prams.

**Working age people (including those recently retired and students)**

Good

The practice is rated as good for the care of working-age people (including those recently retired and students). The age profile of patients at the practice is mainly those of working age, students and the recently retired but the services available did not fully reflect the needs of this group. Routine and emergency appointments could be booked on the same day, however appointments were not available to book in advance. There was no facility to book appointments or request prescriptions online. The practice provided information on health promotion in the practice waiting room and NHS Health Checks were offered to patients.

**People whose circumstances may make them vulnerable**

Good

The practice is rated as good for the care of people whose circumstances may make them vulnerable. The practice maintained a register of patients with learning disabilities and these patients were offered annual health checks. Longer appointments were available if required. The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

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

Good

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). The practice offered GP led annual health checks for patients experiencing poor mental health and had received an annual physical health check. The practice had a policy to review all patients attending hospital with issues relating to mental health to ensure their needs could be met in the community. The practice was pro-active in identifying patients with anxiety, depression and alcohol misuse and referring them to appropriate community and support services. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including

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| those with dementia. Clinical staff performed opportunistic screening for dementia during consultations and were pro-active in referring patients to local memory services for diagnosis and investigation if required. | |

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## What people who use the service say

The national GP patient survey results published on 2nd July 2015 showed the practice was performing in line with local and national averages. There were 92 responses out of 452 surveys sent out (20% completion rate), which represents 2% of the practice population.

- 86% find it easy to get through to this surgery by phone compared with a CCG average of 85% and a national average of 73%.
- 86% find the receptionists at this surgery helpful compared with a CCG average of 86% and a national average of 87%.
- 54% with a preferred GP usually get to see or speak to that GP compared with a CCG average of 60% and a national average of 65%.
- 96% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 87% and a national average of 85%.
- 89% say the last appointment they got was convenient compared with a CCG average of 91% and a national average of 92%.
- 83% describe their experience of making an appointment as good compared with a CCG average of 79% and a national average of 73%.
- 87% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 65% and a national average of 65%.
- 89% feel they don't normally have to wait too long to be seen compared with a CCG average of 58% and a national average of 58%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 50 comment cards the majority were positive about the standard of care received. Many of the comment cards described staff as supportive, caring, considerate and professional. Patients described the environment as clean, hygienic and safe. Many commented positively on the access to same day routine appointments. The few negative comments included the telephone line being busy and appointments feeling rushed at times.

# Dr Andrew Rose

**Detailed findings**

## Our inspection team

**Our inspection team was led by:**

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

## Background to Dr Andrew Rose

Dr Andrew Rose also known as Dr Rose's Surgery is a well-established GP practice located in Chelsea within the Royal Borough of Kensington and Chelsea and is part of the NHS West London Clinical Commissioning Group (CCG) which is made up of 37 GP practices. The practice provides primary medical services to approximately 3,600 patients. There has been a recent rise in the patient list size due to the closure of GP practices in the area. The practice also provides privately funded services to approximately 200 patients.

The practice team comprises of one senior male GP, one regular male locum GP, two regular female locum GPs, a female practice manager, one female and two male administration staff one of whom performed health care assistant duties.

The practice holds a Personal Medical Service (PMS) contract (PMS is a locally agreed alternative to the standard GMS contract used when services are agreed locally with a practice which may include additional services beyond the standard contract).

The practice opening hours are 9.00 am to 1.15 pm and 2.15 pm to 6.00 pm Mondays, Tuesdays, Thursdays and Fridays and 9.00 am to 12.00 pm and 1.00 pm to 6.30 pm on Wednesdays. Phone lines are managed for medical emergencies during the lunch time period. Appointments are available daily from 09.00 am to 11.30 am and from 2.30 pm to 5.00 pm. Emergencies are received up until 6.00 pm. Out of hours services are provided by an alternative provider. The details of the out-of-hours service are communicated in a recorded message accessed by calling the practice when it is closed. The practice provides a wide range of services including chronic disease management, antenatal and postnatal care, family planning and child health care. The practice also provides health promotion services including a flu vaccination programme and cervical screening.

The age range of patients is predominately 20 - 54 years and the number of 20 - 44 year olds is greater than the England average. The percentage of patients with a long term condition is lower than the England average.

## Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme. This provider had not been inspected before and that was why we included them.

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

# Detailed findings

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.

## How we carried out this inspection

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

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

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

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

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 9 July 2015. During our visit we spoke with a range of staff including GPs, practice manager and administration staff and spoke with patients who used the service. We observed how people were being cared for and talked with carers and/or family members and reviewed the personal care or treatment records of patients. We reviewed comment cards where patients and members of the public shared their views and experiences of the service.

Good

# Are services safe?

## Our findings

**Safe track record and learning**

There was an open and transparent approach and a system in place for reporting and recording significant events. People affected by significant events received a timely apology and were told about actions taken to improve care. Staff told us they would inform the practice manager or senior GP of any incidents and there was also a recording form available on the practice's computer system. The practice carried out an analysis of the significant events.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, the practice recently reported and reviewed an incident involving incomplete administration of required dose of a routine vaccine to a patient. We saw the process followed to correct the issue was thorough including discussion with the vaccine manufacturer and local paediatrician to decide upon appropriate management plan. The practice had open and honest discussions with the patient to inform them of the error and plan to correct this. There was documented evidence of learning from this event including recognition of what went well in the process and areas to improve.

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

**Overview of safety systems and processes**

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

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. The senior GP was the practice lead for safeguarding. The GP attended safeguarding meetings when possible and provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. For example, clinical staff had received child protection training at level three and safeguarding vulnerable adult training. Administration staff had received child protection training at level one. The practice maintained a register of vulnerable children including those with child protection plans in place, for all staff to be aware.
- A notice was displayed in the waiting room, advising patients that a chaperone would be available if required. The administration staff acted as chaperones when required. At the time of the Inspection not all staff who acted as chaperones had received a disclosure and barring check (DBS). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). One of the administration team had undertaken chaperone training.
- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available. The practice had up to date fire risk assessments and regular fire drills were carried out. All staff had received training in fire safety. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as legionella and asbestos checks.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. The practice manager was the infection control clinical lead. There was an infection control protocol in place and staff had received up to date training. There was no written evidence to support that infection control audits were undertaken.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Regular medication audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for

safe prescribing. For example, prescription of antibiotics and cholesterol lowering medicines. Prescription pads and controlled drugs were securely stored and there were systems in place to monitor their use.

- We were told recruitment checks were carried out according to the practice recruitment policy. However, the eight files we reviewed did not contain all the required documentation to evidence that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification was only present in two files and there were no written references seen in any of the staff files reviewed. Reference checks were not seen for the two most recently appointed members of staff, however we were told all pre-employments had been completed prior to them starting their roles. All clinical staff had documentation of General Medical Council (GMC) registration. (The GMC is the statutory body responsible for licensing and regulating medical practitioners). Criminal record check by the Disclosure and Barring Service (DBS) were in place for clinical staff and the administrator with health care assistant duties.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. For example, we were told all administration staff were multi-skilled and would help each other during busy periods as required. The practice manager and senior GP monitored demand and would arrange additional locum cover as required to cover busy periods.

**Arrangements to deal with emergencies and major incidents**

There was an alert button system 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 an automated external defibrillator (AED) and oxygen with adult and children's masks. (An AED is a portable electronic device that analyses life threatening irregularities of the heart including ventricular fibrillation and is able to deliver an electrical shock to attempt to restore a normal heart rhythm). Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. These included medicines for the treatment of cardiac arrest, anaphylaxis, hypoglycaemia, infection, chest pain and seizures. All the medicines we checked were in date and fit for use.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. This plan did not include emergency contact numbers, however there was a separate list of emergency contact numbers available for staff to access on the practice computer system and a copy kept off site.

Good

# Are services effective?

(for example, treatment is effective)

## Our findings

**Effective needs assessment**

The practice carried out assessments and treatment in line relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice discussed new guidance at regular practice meetings to ensure all clinical staff were kept up to date. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs. The practice monitored that these guidelines were followed through audits. For example, the practice monitored antibiotic prescribing according to Clinical Commissioning Group (CCG) guidance and data showed the practice was above the CCG average for antibiotic prescribing in 2014.

**Management, monitoring and improving outcomes for people**

The practice participated in the Quality and Outcomes Framework(QOF) (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Current results were 98.9% of the total number of points available, with 10.5% exception reporting. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2013/2014 showed;

- Performance for diabetes related indicators was above to the CCG and national average with 98.7% of the minimum standards required for QOF achieved.
- Performance for mental health related indicators and hypertension was above the national average with all of the minimum standards required for QOF achieved for both.
- The percentage of patients diagnosed with dementia whose care has been reviewed in preceding 12 months was above the CCG and national average.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and people's outcomes. All audits were linked to CCG and prescribing guidelines. For example, completed clinical audits had been performed to monitor antibiotic prescribing and referrals to musculoskeletal services to ensure the practice was following CCG guidance and protocols. The practice participated in applicable national benchmarking, accreditation, peer review and research. Findings were used by the practice to improve services. For example, the practice had signed up to enhanced services to reduce the number of unplanned admissions to hospital. They used the risk stratification tools to identify patients at high risk of hospital admission and created comprehensive care plans for these patients with the aim to reduce this risk. The practice had achieved the target of completing over 2% of care plans for identified patients.

**Effective staffing**

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

- The practice had an induction programme for newly appointed members of staff that covered such topics as infection control, clinical governance, health and safety and confidentiality.
- The learning needs of clinical staff were identified through a system of appraisals, meetings and reviews of practice development needs. Clinical staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included on-going support during sessions, appraisals, clinical supervision and facilitation and support for the revalidation of doctors. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

**Coordinating patient care and information sharing**

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system. This included care and risk assessments, care plans, medical records and test results. Information such as NHS patient information leaflets were also available. All relevant information was shared with other services in a timely way, for example when people were referred to other services and sharing information about patients receiving palliative care with out of hours services via 'Coordinate my care'.

Good

# Are services effective?

## (for example, treatment is effective)

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan on-going care and treatment. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

**Consent to care and treatment**

Patients' consent to care and treatment was always sought in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with relevant guidance. Mental Capacity Act training had not been undertaken by clinical staff.

**Health promotion and prevention**

Patients who may be in need of extra support were identified by the practice. These included patients at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service. For example, patients wishing to stop smoking were referred to local smoking cessation services and prescribed replacement treatments if required.

The practice had a screening programme in line with national guidelines. The practice's uptake for the cervical screening programme was 69%, which was below the national average of 81.8%. The practice was aware of this and told us this was due to the transient nature of their practice population with many patients staying in the area for less than a year. There was a policy to offer written reminders for patients who did not attend for their cervical screening test. There was also a poster displayed in the waiting room reminding eligible patients to book appointments for cervical smears. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were either at or below the CCG averages depending on vaccination. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 52% to 79% and five year olds from 43% to 90%. The practice told us the lower uptake rates were due to the transient nature of their practice population. Flu vaccination rates for the over 65s were 53%, and at risk groups 21%. These were also below the national averages. The practice told us flu vaccinations were offered in accordance with national guidance but there was a high rate of refusal of these vaccinations in their practice population.

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

Good

# Are services caring?

## Our findings

**Respect, dignity, compassion and empathy**

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

The majority of the 50 Care Quality Commission (CQC) comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, friendly, caring and treated them with dignity and respect. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required. The two negative comments received mentioned issues with getting through on the phone at times and occasional difficulty getting appointments.

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

- 83% said the GP was good at listening to them compared to the CCG average of 85% and national average of 87%.
- 78% said the GP gave them enough time compared to the CCG average of 85% and national average of 87%.
- 90% said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and national average of 95%
- 79% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86% and national average of 85%.
- 86% patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and national average of 87%.

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

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

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

- 82% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% and national average of 86%.
- 72% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81% and national average of 81%

Staff told us that translation services were available for patients who did not have English as a first language. One of the GPs had French as a second language.

**Patient and carer support to cope emotionally with care and treatment**

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

The practice population was small and therefore clinical staff were aware of all their patients who were also carers and they offered support as required. Written information was available for carers to ensure they understood the various avenues of support available to them.

Procedures were in place for staff to follow in the event of the death of one of their patients. This included informing other agencies and professionals who had been involved in the patient's care, so that any planned appointments, home visits or communication could be terminated in

Good

# Are services caring?

order to prevent any additional distress. All practice staff were informed of any patient deaths when they occurred. Staff told us that follow up and support was offered to bereaved families and carers.

Good

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

**Responding to and meeting people's needs**

The practice worked with the local CCG to plan services and to improve outcomes for patients in the area. For example, the practice undertook audit of accident and emergency attendances as part of CCG guidance to review all unplanned visits to hospitals and identify if the patients needs could have been met by the practice or other community services. Data showed the majority of attendances were unavoidable but for those that were avoidable the practice had action plans to address the issues. For example ensuring patients were aware of the services the practice provided.

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

- As part of local enhanced services the practice was conducting risk profiling of its practice population to identify patients at high risk of admission to hospital and invite them for review to create care plans aimed at reducing this risk. They had identified 98 patients at risk of hospital admission and had care plans in place for these patients.
- The practice maintained a register of patients with long term conditions, such as chronic obstructive pulmonary disease (COPD) and diabetes. These patients were offered condition appropriate annual review led by the GPs. For example, all patients with COPD were offered annual health review that included spirometry performed in-house.
- There were longer appointments available for people who required them, such as those with learning disabilities or people requiring translation services.
- Home visits were available for older patients / patients who would benefit from these.
- Urgent access appointments were available for children and those with serious medical conditions.
- They offered GP led antenatal, postnatal, child health surveillance and family planning services to meet the needs of families with children. Double appointments were arranged if a parent and child both needed to be seen, including six week postnatal checks for mother and child.
- The practice offered annual health checks to patients with learning disabilities and these were offered extended appointments if required. The practice had two patients on their register of patients with learning disabilities.
- The practice was engaged in providing premium services for patients with anxiety, depression and alcohol misuse. This involved screening at risk patients and referring them on to appropriate community support services if required.
- The practice offered annual health checks for patients suffering with mental health issues and used these to review and update care plans. They had a policy to follow up on any patients who attended hospital with mental health related problems to ensure their needs were being met in the community.
- The practice was pro-active in referring patients with anxiety or depression to counselling services provided by the Community Mental Health Team if required.
- GPs offered opportunistic screening of patients at risk of dementia and ensure prompt referral to local memory services for diagnosis and investigation if required. The practice maintained a list of six patients with a diagnosis with dementia.
- Translation services were available for patients who did not have English as their first language.
- The practice maintained a register of patients receiving palliative care and these patients were regularly discussed at the monthly multi-disciplinary team meeting. With patient consent, information about patients on the palliative care register were shared with out-of-hour service providers to ensure continuity of care was maintained.

**Access to the service**

The practice opening hours were 9.00 am to 1.15 pm and 2.15 pm to 6.00 pm Mondays, Tuesdays, Thursdays and Fridays and 9.00 am to 12.00 pm and 1.00 pm to 6.30 pm on Wednesdays. Phone lines were managed for medical emergencies during the lunch time period. Appointments were available daily from 09.00 am to 11.30 am and from 2.30 pm to 5.00 pm. Emergencies were received up until 6.00 pm. Appointments were bookable on the day allowing urgent access to medical review if required, however there were no facilities to book appointments in advance.

Good

# Are services responsive to people's needs?

## (for example, to feedback?)

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages. For example;

- 86% patients said they could get through easily to the surgery by phone compared to the CCG average of 85% and national average of 73%.
- 83% patients described their experience of making an appointment as good compared to the CCG average of 79% and national average of 73%.
- 87% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 65% and national average of 65%.

People we spoke with on the day of the inspection told us that they were able to get appointments when they needed them. However, some patients mentioned in feedback that it was difficult to get an appointment if they were working full time as appointments were only available to book on the day. This feedback was reflected in the GP national survey with 67% of patients reporting they were satisfied with the practice's opening hours which was below the CCG average of 79% and national average of 75%.

The practice was located in the basement of a building with only stairs for access making it difficult for patients with physical disabilities, issues with mobility or parents with prams to enter the premises.

**Listening and learning from concerns and complaints**

The practice had a system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. The senior GP was the designated responsible person who handled all complaints in the practice.

We saw that information was available to help patients understand the complaints system on posters displayed in the waiting room and information provided in the practice leaflet. Patients we spoke with were aware of the process to follow if they wished to make a complaint.

The practice had not received any formal written complaints in the last 12 months. They performed an annual review of complaints received including review of comments left at reception and on the NHS Choices website. They conducted six monthly audits of comments left on the NHS Choices website and results were discussed at the monthly practice meeting. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, some patients had made negative comments about not being referred to their hospital or organisation of choice. The practice held regular referral meetings to review referrals made to secondary care to ensure they were appropriate and following national and CCG guidance. We were told where this was not in keeping with the patient preference they would always inform and discuss this with the patient in an attempt to resolve the issue and improve experience.

# 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 a personal service and promote good outcomes for patients. The practice vision and values had been discussed and agreed on in the regular practice meetings to ensure all staff were involved and aware of them. The practice a mission statement and staff knew and understood the values.

**Governance arrangements**

The practice had a 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. We reviewed a number of these policies and saw they were up to date and annually reviewed. When policies were updated they were discussed at the practice meeting to ensure all staff were aware of changes. Staff were required to sign documentation to confirm that they had read the updated policies.
- A programme of continuous clinical audit linked to CCG guidance to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. Significant events, complaints comments and suggestions were recorded, reviewed and addressed where required.

**Leadership, openness and transparency**

The senior GP in the practice had the experience and capability to run the practice and ensure high quality care. The senior GP was visible in the practice and staff told us that they were approachable and always take the time to listen to all members of staff. They encouraged a culture of openness and honesty.

Staff told us that informal practice meetings were held at the beginning and end of each day and formal practice team meetings were held monthly. Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and confident in doing so and felt supported if they did. Staff said they felt respected, valued and supported by the management team.

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

The practice encouraged and valued feedback from patients. However, they did not have a patient participation group (PPG). They gathered feedback from patients instead through surveys, the Friends and Family Test and complaints received. The practice invited patients to complete an 'Improving Practice Questionnaire' and reviewed the feedback in their annual review of complaints and feedback. We saw evidence that the practice made changes to improve service as a result of the feedback from this questionnaire. For example, following feedback from the 2014/2015 survey not all patients felt they had a chance to see their preferred GP when they made an appointment. As a result, the practice planned to advertise the days and hours each GP at the practice worked in the practice leaflet and on the practice website to give patients more information when they booked their appointments. They also increased the number of days female GPs were available for appointments from one to two, to allow greater flexibility for patient preferences.

The practice had also gathered feedback from staff through informal and formal practice meetings. 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. The practice had an up to date whistle blowing policy.

**Innovation**

There was a focus on continuous learning and improvement at all levels within the practice. Clinical staff received annual appraisal that included review of personal development plans and identification of training needs. Administration staff were not receiving formal appraisals, however they told us the practice was supportive of their training needs.