

Jubilee Street Practice

Quality Report

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

Ratings

Overall rating for this service

Outstanding



Are services safe?

Good



Are services effective?

Outstanding



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Outstanding



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Jubilee Street Practice on 19 July 2016. Overall the practice is rated as outstanding.

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

- There was a clear effective leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The practice actively engaged with external organisations such as the carer's society and local schools to engage patients, promote healthy living and promote primary care services.
- The practice had an effective approach to staff appraisals, which included a system of 360 degree and peer review.
- There was an open and transparent approach to safety and a comprehensive effective system in place for

reporting, recording and sharing learning from significant events both internally and externally with local practices and the Clinical Commissioning Group (CCG).

- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns and was shared internally and externally to the practice.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent and non-urgent appointments available the same day.

Summary of findings

- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The provider was aware of and complied with the requirements of the duty of candour.

We saw three areas of outstanding practice:

- Patients were invited to take part in practice learning time, where they participated in scenario based role reversal role play with clinical and non-clinical staff to improve customer service and patient understanding; this was fed back to the patient participation group, and increased the number of PPG members.
- A video was provided by carers registered with the practice which informed other carers of the care that

they were provided with and about services available to them such as priority access to GP's referrals into support services and support with letters to external agencies for financial support. Written information was available to direct carers to the various avenues of support available to them.

- The practice designed a trigger tool, which had been adopted by Tower Hamlets CCG and identifies patients at risk of deterioration of chronic kidney disease (CKD), which led to 43 patients being coded as having CKD, 10 patients having their medicines changed and four referrals made to the CKD clinic.

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



- There was a comprehensive effective system in place for reporting and recording significant events, staff understood their responsibilities to raise concerns.
- Lessons learned and action taken as a result of incidents were shared internally and externally with the CCG and local practices to make sure action was taken to improve safety in and outside the practice.
- The practice took every opportunity to learn from incidents. Learning was based on thorough analysis and investigation.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- There was a proactive approach to anticipating potential risks to patients in the practice which involved all staff members, risks to patients were well managed.
- Medicines were well managed, there was emergency equipment including a defibrillator and oxygen.

Are services effective?

The practice is rated as outstanding for providing effective services.

Outstanding



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- There was a programme of continuous clinical audits, which demonstrated quality improvement.
- The practice was involved in designing, developing and testing a trigger tool, which had been adopted by Tower Hamlets CCG and identifies patients at risk of deterioration of chronic kidney disease (CKD), which at Jubilee Street Practice led to 43 patients being coded as having CKD, 10 patients having their medicines changed and four referrals made to the CKD clinic.

Summary of findings

- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was a walk in phlebotomy service for patients who were unable to make appointments and who found it difficult to attend clinics outside of the practice.
- There was evidence of appraisals and personal development plans for all staff as well as 360 degree and peer review.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- Clinical staff met daily over lunch to discuss complex patients and share ideas and learning.

Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- The practice employed a translator for patients who did not have English as their first language.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The GPs were involved in discussions outside the practice to promote services available to Carers.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Summary of findings

Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active. There was an annual staff survey which showed improvement in staff satisfaction.
- The practice had robust strategies to support business plans, which reflected the vision of the practice.
- The practice held regular away days where governance arrangements were reviewed.
- There was a strong focus on continuous learning and improvement at all levels, the practice also supported non practice related training.

Outstanding



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 outstanding for the care of older people.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- here was a walk in phlebotomy service for patient convenience
- Patients had a named GP, with a personal business card showing when their GP was available.
- Unplanned hospital admissions were reduced for patients in care homes by the use of bi-weekly rounds alongside the community team.

Outstanding



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and worked in teams that also included a GP and administration staff member. Patients at risk of hospital admission were identified as a priority.
- The percentage of patients on the diabetes register who had a record of foot examination and risk classification within the preceding 12 months was 93% compared with a CCG average of 90% and a national average of 88%.
- Longer appointments and home visits were available when needed.
- Patients could attend the surgery at any time for a blood test without the need for an appointment.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

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

Outstanding



Summary of findings

- There were effective systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- One of the GPs attended a local primary school where many of their patients attended and met with parents and carers to promote healthy lifestyles and answer questions.
- The practice was signed up to the local HUB, which provided GP appointments after hours on weekdays and on weekends.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 81%, which was comparable to the CCG average of 79% and the national average of 74%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- The practice operated a Facebook and twitter account as a means of two way communication with patients.

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice was signed up to the local HUB, which provided GP appointments after hours on weekdays and on weekends.
- The practice operated a Facebook and twitter account as a means of two way communication with patients.
- There was a walk in phlebotomy service for patient convenience.

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 those with a disability and those with a learning disability.
- Alerts were on the clinical system to identify these patients to enable them to get priority access to services.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- All staff were provided with domestic abuse awareness training.
- A benefits advisor held a clinic at the practice on a weekly basis.
- Patients were given a personal business card which highlighted the days and times that their GP was available.

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).

- 94% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which is above the national average.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive agreed care plan documented in the record in the preceding 12 months was 86% compared with a CCG average of 83% and a national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Good



Summary of findings

- Staff had a good understanding of how to support patients with mental health needs and dementia.
- Patients were given a personal business card which highlighted the days and times that their GP was available

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing in line with local and national averages. Three hundred and seventy two survey forms were distributed and 76 were returned. This represented 0.7% of the practice's patient list.

- 82% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 92% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 88% of patients described the overall experience of this GP practice as good compared to the national average of 85%.

- 81% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 44 comment cards which were all positive about the standard of care received. There was a recurring theme of good quality care, with friendly staff who go the extra mile.

We spoke with 11 patients during the inspection. All 11 patients said they were extremely happy with the care they received and thought staff were approachable, committed and caring. Ninety percent of patients completing the friends and family test said they would be extremely likely to recommend the practice.

Areas for improvement

Outstanding practice

We saw three areas of outstanding practice:

- Patients were invited to take part in practice learning time, where they participated in scenario based role reversal role play with clinical and non-clinical staff to improve customer service and patient understanding; this was fed back to the patient participation group, and increased the number of PPG members.
- A video was provided by carers registered with the practice which informed other carers of the care that they were provided with and about services available to them such as priority access to GP's referrals into

support services and support with letters to external agencies for financial support. Written information was available to direct carers to the various avenues of support available to them.

- The practice was involved in designing, developing and testing a trigger tool, which had been adopted by Tower Hamlets CCG and identifies patients at risk of deterioration of chronic kidney disease (CKD), which at Jubilee Street Practice led to 43 patients being coded as having CKD, 10 patients having their medicines changed and four referrals made to the CKD clinic.

Jubilee Street Practice

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Jubilee Street Practice

The Jubilee Street Practice is located in four converted grade two listed Georgian houses within a residential area of Tower Hamlets. There is a dedicated staff car park and good transport links. The practice is a part of the Tower Hamlets Clinical Commissioning Group where many staff members play key roles in primary care commissioning.

There are 11058 patients registered with the practice, 40% of which do not have English as their first language and require an interpreter. 5% of the practice patient list was over 75 years old, which was higher than the CCG average of 3%.

The practice has five GP partners and five salaried GP's (eight female and two male) and two registrars totalling 46.5 sessions per week. The practice has four female practice nurses and a diabetes specialist nurse totalling 3.86 WTE, one female physician's assistant totalling 0.66 WTE, three male health care assistants totalling 1.28 WTE and a pharmacist. There is a practice manager partner, an assistant practice manager, an accounts and human resources manager. The practice also has 17 reception/administrative staff four of whom are also phlebotomists and a chef who prepared meals for the daily clinical meetings.

The practice is a designated training practice with two GP trainees.

The practice operates under a General Medical Contract (a contract between NHS England and general practices for delivering general medical services and is the most common form of GP contract).

The practice is open Monday to Friday 8:30am to 7:00pm, the phone lines are open from 8:30am and closed daily between 12:30pm to 1:30pm, however the practice doors remain open. Appointment times are as follows:

- Monday 8:50am to 1:00pm and 2:00pm to 7:00pm
- Tuesday 9:00am to 1:00pm and 2:00pm to 7:00pm
- Wednesday 8:50am to 1:00pm and 2:00 to 7:00pm
- Thursday 9:00am to 1:00pm and 2:00pm to 7:00pm
- Friday 9:00am to 1:00pm and 2:00pm to 7:00pm

The locally agreed out of hours provider covers calls made whilst the practice is closed.

The Jubilee Street Practice operates regulated activities from one location and is registered with the Care Quality Commission to provide diagnostic and screening procedures, treatment of disease, disorder or injury, surgical procedures, family planning and maternity and midwifery services.

Why we carried out this inspection

We inspected this service as a part of our new comprehensive programme. This location had not been previously inspected.

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as

Detailed findings

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 19 July 2016. During our visit we:

- Spoke with a range of staff including GP's, nurses, managers and reception/administrative staff. We also spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

The practice had comprehensive systems in place to keep patients safe from harm and abuse. The whole practice team was engaged in reviewing and improving safety and safeguarding systems.

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

- Staff told us they would inform the practice manager of any incidents as well as recording the event on a 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).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events; we saw that 21 significant events had been completed this year, three of which had been reported to NHS England using the National Incident Reporting Form. The practice where relevant shared its significant events and learning outcomes with all the Tower Hamlets practices.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. They showed a genuinely open culture in which all safety concerns raised by staff and people who used services were highly valued and used as an integral part of learning. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, we viewed a completed significant event form about a GP in the practice receiving a letter from the community drugs team requesting that they give a patient a prescription of methadone, the GP noted some anomalies in the letter including the paper quality and contacted the team. The letter was confirmed to be fraudulent, we saw evidence that the patient was

contacted and given a formal warning, the CCG prescribing team was informed of the situation, the practice also emailed all the practices in Tower Hamlets warning them of the incident and discussed this at their Tower Hamlets locality meeting with all Tower Hamlets practices and shared their learning. The event was also discussed in practice meetings where a new methadone policy was agreed, which included double checking with the community drug team when prescription letters were sent.

All staff members we spoke to said they were encouraged to raise any safety concerns as they were used as an integral part of learning and development.

Overview of safety systems and processes

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

- Arrangements were in place that safeguarded children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead GP and backup GP for safeguarding. The GPs attended safeguarding meetings and always provided reports where necessary for other agencies and shared learning with all practice staff members. Staff confidently demonstrated they understood their responsibilities in relation to safeguarding and were able to provide examples, all had received training on safeguarding children and vulnerable adults relevant to their role, the GP's also gave presentations about safeguarding to staff at practice meetings as another means of extra staff training and all staff sharing good practice. GPs were trained to child safeguarding level 3 as were the practice nurses and non-clinical staff trained to level 1.
- A notice in the waiting room and all consultation rooms 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).

Are services safe?

- The practice maintained high standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions (PGD) had been adopted by the practice to allow nurses to administer medicines in line with legislation. PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment.
- We reviewed four personnel files and found all necessary recruitment checks had been undertaken prior to employment. For example, proof of identification, two references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

There was an embedded proactive approach to anticipating and managing risks to patients this was recognised as being the responsibility of all staff.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). The practice staff members also carried out safety walks of the practice to proactively identify potential risks such as exposed plug cables that could cause a tripping hazard.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. Annual leave had to be booked in advance and no more than two GP's could be on annual leave at any one time.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on all computers which alerted staff to any emergency. An example was when an unregistered member of the public attended the reception demanding needles, being aggressive towards staff and trying to gain access to the private reception area. The instant messaging system was used and GP's and management attended the reception desk to assist. This was recorded as a significant event and led to extra staff training on customer services conflict resolution.
- 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 was available. These were checked regularly and a log was maintained.
- 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.

Are services safe?

- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. All staff members we spoke with

were aware of this plan and where it was located. The plan included emergency contact numbers for staff. Copies were held off site so they could be accessed should the building become inaccessible.



Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 98% of the total number of points available, with an exception reporting rate of 5% (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from QOF showed:

- Performance for diabetes related indicators was similar to the local and the national average. For example the percentage of patients on the diabetes register with a record of a foot examination and risk classification in the preceding 12 months was 94% compared to a CCG average of 90% and a national average of 88%.
- Performance for mental health related indicators was comparable to the CCG and national averages. For example the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive agreed care plan recorded in the record within the preceding 12 months was 86% compared with a CCG average of 83% and a national average of 88%.

There was a holistic approach to assessing, planning and delivering care and treatment to people who used services. The safe use of innovative approaches to care was actively encouraged. Clinical staff met daily over lunch to discuss the day's complex patients', get advice and share learning.

There was evidence of quality improvement including clinical audit.

- There had been 14 clinical audits carried out in the last two years, four of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review, research and pilot schemes. We saw an area of outstanding practice; the practice designed a trigger tool to identify patients at risk of deterioration of chronic kidney disease (CKD), which led to 43 patients being coded as having CKD, 10 patients having their medicines changed and four referrals made to the CKD clinic. This was shared with the CCG and the tool was rolled out across the borough for other practices to use. We saw evidence that the practice was developing and trialling other prevention tools such as a chronic obstructive pulmonary disease tool to roll out in the future.
- Findings were used by the practice to improve care and services. For example, an audit was carried out looking at whether the practice was following guidelines on prescribing oral nutritional supplements (ONS) to children. Twenty four patients were identified as being prescribed ONS, 10 had a chronic disease and three were under the care of a paediatric dietician and so were excluded. Out of the remaining 11 patients nine of them had their ONS stopped after review as it was no longer appropriate. The second audit flagged up three patients that were not on the previous search all of whom had their ONS stopped at the appropriate time. We saw minutes of meetings where the audit was discussed and learning about ONS prescribing policies shared.
- The practice initiated carrying out regular bi-weekly nursing home rounds jointly with the palliative care and community teams, which led to a reduction in hospital admissions by 12%.



Are services effective?

(for example, treatment is effective)

Information about patients' outcomes was used to make improvements such as: the practice trained some of its reception staff to become phlebotomists. They provided a walk-in phlebotomy service, as many of the practice patients' required regular blood tests and it was not convenient for them to travel to external clinics to have this done or were not able to book appointments so needed a service that they could turn up to at any time.

Effective staffing

The continuing development of staff skills, competence and knowledge was recognised as integral to ensuring high quality care. Staff were actively encouraged to share best practice.

Staff had the skills, knowledge and experience to deliver effective care and treatment. Staff members worked in teams that included a GP, Nurse and an administration team member; this gave patients continuity of care.

- 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 manager sent a "tricks and tips" email every Monday morning to all staff members, there was a different topic each week reminding staff of hot topics, policies/procedures or of training that they have had. We saw examples of emails sent about safeguarding, chaperoning, consent and the practice's mission statement.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for nurses reviewing patients with long-term conditions and carrying out cytology.
- 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 attending updates, access to on line resources and discussion at practice meetings and nursing forums.
- The learning needs of staff were identified through a system of appraisals, meetings three hundred and sixty degree reviews (a holistic view of employee feedback gathered from managers, peers, direct reports and clients) and peer reviews of practice development needs. Staff had access to appropriate training to meet

their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal and three hundred and sixty degree review within the last 12 months.

- The practice manager carried out performance observations with all non-clinical members of staff, whereby she spent a whole day with each staff member observing the work they did throughout the day to in order to see whether practice protocols were relevant to staff and whether the protocol was aligned to staff behaviour. As a result of this piece of work the practice prescription protocol was changed to require staff to do more identity checks before handing prescriptions to patients.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

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

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. 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.

Consent to care and treatment

Consent records were actively monitored and reviewed to improve how people are involved in making decisions about their care and treatment.



Are services effective?

(for example, treatment is effective)

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. We saw an example of deprivation of liberty (DOLs) being appropriately applied and recorded as well as the out of hours service being informed.
- 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. Staff were consistent in supporting people to live healthier lives through a targeted and proactive approach to health promotion and prevention and every contact with patients was used to do this. For example:

- Patients receiving end of life care, patients with cancer, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and vulnerable patients. Patients were signposted to the relevant service.
- A diabetes dietician was available on the premises along with a drugs clinic, psychologists, alcohol assistance support, smoking cessation and benefits advice.

- The practice had set up a series of focus groups to encourage patients to live healthy lives and promote self-help in a supportive environment, for example there was an osteoporosis group.
- One of the GPs attended a local primary school where many of their patients attended and met with parents and carers to promote healthy eating and cooking as well as to discuss the importance of childhood immunisations, answer questions and give time for patients to provide feedback on the practice, which was discussed at a practice meeting which led to an increase in the uptake of immunisations by up to 15% in five year olds.

The practice's uptake for the cervical screening programme was 81%, which was comparable to the CCG average of 79% 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 they ensured a female sample taker was available. The practice followed up women who were referred as a result of abnormal results. 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 comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 97% to 99% compared to the CCG average 92% to 93% and five year olds from 65% to 98% 81% to 95%.

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, there was also a notice informing patients of this.

All of the 44 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

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

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

- 90% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 84% and the national average of 89%.
- 87% of patients said the GP gave them enough time compared to the CCG average of 80% and the national average of 87%.
- 97% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 92% and the national average of 95%.

- 88% 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%.
- 80% 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%.
- 89% of patients said they found the receptionists at the practice helpful compared to the CCG average of 84% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

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

- 88% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 81% and the national average of 86%.
- 82% 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%.
- 78% 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%.

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

- The practice employed a translator for patients who did not have English as a first language; an external translation service was also used. We saw notices in the reception areas informing patients this service was available.
- The practice had a lift to enable patient access to care on all floors of the premises.

Are services caring?

- Information leaflets were available in easy read format.
- The practice had a patient news letter informing patients of changes to the practice and services offered and asked for patients input into these decisions.

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 and practices Facebook and twitter pages, which allowed for patients to leave feedback and the practice to give patients information including dates of PPG and focus group meetings.

One of the practice GPs gave talks at the local carer's society, where local carers and other associated organisations such as the Alzheimer's Society were invited. The GP discussed the role of a GP to carers highlighting the services that are offered in primary care and services that

could be referred into. Time was allowed for one to one discussions and a question and answering session to increase the number of carers that were actively identified by the practice and give practical support and advice.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 306 patients as carers (3% of the practice list). We saw an area of outstanding practice, a video was provided by carers registered with the practice which informed other carers of the care that they were provided with and about services available to them such as priority access to GP's referrals into support services and support with letters to external agencies for financial support. Written information was available to direct carers to the various avenues of support available to them.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice offered extended hours on a Monday to Friday evening until 7.00pm for patients who could not attend during normal opening hours. A GP telephone triage system for a GP appointment was operated every day and patients' were guaranteed a same day appointment with a GP if required.
- The practice had a Facebook and twitter account that enabled changes to be disseminated to patients and patients to communicate with the practice.
- There were longer appointments available for vulnerable patients, including those with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive same day travel vaccinations available on the NHS, those only available privately were referred to other clinics where this could be done.
- There were disabled facilities including a lift, a hearing loop and translation services available.
- The practice involved its visually impaired patients in the refurbishment of the building; this resulted in braille being located in specific places in the premises including the lift.

Access to the service

The practice was open Monday to Friday 8:30am to 7:00pm, the phone lines are open from 8:30am and closed daily between 12:30pm to 1:30pm, however the practice doors remained open. Appointment times were as follow:

- Monday 8:50am to 1:00pm and 2:00pm to 7:00pm
- Tuesday 9:00am to 1:00pm and 2:00pm to 7:00pm
- Wednesday 8:50am to 1:00pm and 2:00 to 7:00pm

- Thursday 9:00am to 1:00pm and 2:00pm to 7:00pm
- Friday 9:00am to 1:00pm and 2:00pm to 7:00pm

The practice operated a GP telephone triage system for GP appointments, which guaranteed same day appointments at a time to suit the patient. This system was designed with the patient participation group, there had been many audits looking at the success and patient satisfaction with the system and there was a 40% conversion rate between telephone consultation and appointment given. Patients were given a business card for their named GP which stated the days that GP was working, so they knew what day to call to get a telephone consultation with that GP if they wanted one.

Nursing appointments could be booked up to three months in advance.

The practice was a part of a local HUB, which provided pre bookable GP and nurse appointments out of hours and on weekends.

We saw an approved business case to increase GP telephone consultation capacity as a result of data and an audit showing a projected increase of over 500 patients registered with the practice over a short period of time.

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.

- 79% of patients were satisfied with the practice's opening hours compared to the national average of 76%.
- 82% of patients said they could get through easily to the practice by phone compared to a CCG average of 67% and the national average of 73%.

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

The practice had a system in place to assess:

- Whether a home visit was clinically necessary, this was done by telephoning the patient or carer on request of a home visit to gather information to allow for an informed decision to be made as well as prioritising the clinical need for medical attention. Alternative emergency care arrangements were made where these were necessary.

Are services responsive to people's needs?

(for example, to feedback?)

- There was a home visits protocol and clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager was the designated responsible person who handled complaints in the practice.
- We saw that information was available to help patients understand the complaints system for example, information was available in the practice leaflet, there was a complaints leaflet and poster displayed in the waiting area.

We looked at 10 complaints received in the last 12 months and found that they were all satisfactorily handled in a timely manner with openness and transparency. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, we viewed a complaint from a carer due to the practice not stopping a particular medicine as requested by their hospital consultant. We saw that the patient was a newly registered patient who resided in a care home and there was no documentation provided by the hospital consultants to stop their medicines. We saw that the carer was contacted and an apology and explanation was given. The hospital was contacted and full patient records were seen. A letter of complaint was also sent to the relevant hospital department. We viewed minutes of meetings where this was discussed; we also saw evidence of the practice discussing the complaint with their locality as well as actions being agreed around reviewing patient's with that particular condition on admission to care homes.

Are services well-led?

Outstanding



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

Our findings

Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values, they also had the opportunity to contribute to them on the team away days where they were reviewed. The practice also had a mission song, which all staff knew and sang on special practice occasions.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored. We viewed an approved business plan which came about due to a proactive piece of research and work done by the practice. This showed a projected increase in practice list size by over 500 patients in small period of time and the lack of capacity at the practice to deal with this demand. An extensive audit was carried out by the practice analysing how much time GPs spent on individual tasks and which of those tasks could have been carried out by an administrator. This led to the provision of a large room where these tasks could be carried out and an increase in the number of telephone consultations that could then take place to meet this demand.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities as well as each others.
- Practice specific policies were implemented and were available to all staff. Staff were reminded about new policies via the manager sending out weekly tips and tricks to staff emails as well as practice meetings.
- A comprehensive understanding of the performance of the practice was maintained by all staff, posters with performance were displayed in patient waiting areas

and staff room. Displays in the staff room highlighted areas of good performance as well as areas for improvement with an area to put ideas of how improvement could be made.

- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions, which included staff members doing proactive practice walk arounds to identify any potential safety risks.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care in a no blame culture environment that encouraged continuous learning. Staff told us the partners were approachable and always took the time to listen to all members of staff. The GPs met over lunch daily where they discussed their day's workload, any significant events, complex patients and had peer review, this was also used as a training session for their GP trainees.

The practice carried out regular staff surveys, which aimed to improve staff satisfaction, we saw that satisfaction between April and July 2016 had improved in six out of the eight areas measured including, how easy it was for staff to ask a question about how patients were cared for and whether when a good piece of work was carried out it was recognised in the practice.

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

- The practice gave affected people reasonable support, truthful information and a verbal and written apology

Are services well-led?

Outstanding



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

- The practice kept written records of verbal interactions as well as written correspondence.

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

- Staff told us the practice held monthly team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. We noted whole team away days were held every 12 months and clinical away days were held twice per year.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice. We saw examples of staff motivation, which included a 'happiness officer' who was given £20 per month to use to make a staff member happy., Staff received a £100 non practice training related budget per year, some staff members used this to do swimming or crochet courses.
- The partners carried out a regular exercise where they took on the role of a receptionist for the day, without being able to use their clinical skills to see whether there was anything that they could do to make a receptionists life easier and gave feedback at practice meetings, this led to separating back office functions from the front desk and a review of the repeat prescription process.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG), focus groups and through surveys and complaints received. The PPG met regularly, carried out patient surveys and

submitted proposals for improvements to the practice management team. For example, the installation of a bike rack, a change in the layout of the practice leaflet and the waiting room area.

- The practice had gathered feedback from staff through staff meetings, away days and staff surveys. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management, for example as a result of staff feedback the prescribing policy was changed, which meant that every prescription printed had to be taken out of the printer straight away to prevent wasted time looking for it amongst other prescriptions and paperwork. Staff told us they felt involved and engaged to improve how the practice was run and said they were given shares of the practice profits.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area.

The practice gave all staff members protected learning time. Patients were sometimes invited to learning sessions to improve patient care and took part in role reversals with staff members acting out complaint scenarios and analysing what could have been done differently, bring the information back to the PPG and practice newsletter, which increased the number of PPG members.

A video was provided by carers registered with the practice which informed other carers of the care that they were provided with and about services available to them such as priority access to GP's referrals into support services and support with letters to external agencies for financial support. Written information was available to direct carers to the various avenues of support available to them

The practice increased the number of mobile phone numbers held on the clinical system used to send appointment text reminders to patients. We saw that this reduced the number of appointments wasted where patients did not arrive (DNA) from 12% to 2% over a three month period.