

Tollgate Lodge

Quality Report

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

Ratings

Overall rating for this service

Good



Are services safe?

Outstanding



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	12

Detailed findings from this inspection

Our inspection team	13
Background to Tollgate Lodge	13
Why we carried out this inspection	13
How we carried out this inspection	13
Detailed findings	15

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Tollgate Lodge on 17 January 2017. Overall the practice is rated as good.

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

- Staff were open and transparent and fully committed to reporting incidents and near misses. The level and quality of incident reporting ensured a reliable picture of safety.
- Learning was based on a thorough analysis and investigation of any errors and incidents. Opportunities for learning from internal and external incidents were maximised.
- The practice had effective systems in place to minimise risks to patient safety. The practice actively pre-empted risks to patients known to be more vulnerable.
- Staff were aware of current evidence based guidance. Staff had the skills and knowledge to deliver effective care and treatment.

- Patient feedback indicated that patients were treated with compassion and respect and were involved in their care and decisions about their treatment.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- The service was accessible. Patient feedback was positive about the ease of getting an appointment. Urgent appointments were available the same day.
- The practice had adequate facilities and was equipped to treat patients and meet their needs. The lack of space acted as a constraint on the expansion of services.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

We saw two areas of outstanding practice:

- The practice had comprehensive, systems and processes in place to ensure that patients received safe care and treatment. The practice and corporate team had fostered a genuinely open and transparent culture of reporting and maximised learning from

Summary of findings

incidents. There were comprehensive systems to keep people safe, taking account of current best practice. The whole team was engaged in reviewing and improving safety and safeguarding systems.

- The practice had developed a proactive approach to anticipating and managing risks to people who use services. The practice maintained lists of its more vulnerable patients. These patients were allocated a

personal GP who proactively reviewed their list and was alerted each time one of their patients contacted the practice. This system enabled the practice to monitor the wellbeing of patients at risk and identify any developing issues at an early stage.

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 outstanding for providing safe services.

- The practice and corporate team had fostered a genuinely open and transparent culture. Staff were fully committed to reporting incidents and near misses. The level and quality of incident reporting ensured a reliable picture of safety.
- The practice used every opportunity to learn from internal and external incidents to support improvement. Learning was identified and routinely shared across all practices within the provider group. The practice retained autonomy to review and act on local incidents and learning.
- Risk management was comprehensive and well embedded. The practice had a rolling programme of internal audits, mandatory training and risk assessments.
- Staff members with lead roles (for example on safeguarding and infection control) had a written role description, training and guidance on their responsibilities. There were clear escalation procedures.
- The practice had a proactive approach to safeguarding. The GPs each had a personal list of patients in vulnerable circumstances and maintained contact to reduce the risk of abuse or other problems developing.

Outstanding



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed that practice performance in managing long term conditions was in line with the national average.
- Staff were aware of and used current evidence based guidance.
- We saw evidence of clinical audit and quality improvement work with positive results.
- Staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- The practice actively promoted the health of its patients through information, education and preventive programmes.

Good



Summary of findings

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 highly. The practice scores were in line with the national average.
- Patient feedback was very positive. Patients reported being treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- The practice provided accessible information about the services it provided in a range of formats, for example in a leaflet, posters, an electronic information board and its website.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice understood its population profile and had used this understanding to meet the needs of its population, for example providing antenatal and postnatal checks, a shared care mental health service and enabling patients with substance misuse problems to meet a worker at the practice.
- Patients we spoke with said they found it easy to make an appointment with urgent appointments available the same day. The practice scored above average for the accessibility of the service on the national GP patient survey.
- The practice was equipped to treat patients and meet their needs, although space restrictions limited further expansion of services.
- Information about how to complain was available and evidence from a recent example showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and with the central team.

Good



Are services well-led?

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

- The practice had a clear purpose and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about their responsibilities.
- There was a clear leadership structure. The practice had policies and procedures to govern activity and held regular governance meetings.

Good



Summary of findings

- The practice had a strong safety culture and effective arrangements in place to identify and monitor risks.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- The provider was aware of the requirements of the duty of candour. The practice had systems to notify patients of any incidents meeting the duty of candour criteria. The practice learned from incidents, accidents and alerts.
- The practice sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged with its patient participation group.
- There was a focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

The practice is rated as good for the care of older people.

Good



- The practice offered proactive, personalised care to meet the needs of the older patients in its population. One of the GPs took a lead role for the care of older patients within the practice.
- The practice was responsive to the needs of older patients, and offered home visits, longer appointments and urgent appointments as appropriate.
- The GPs worked with health and social care professionals and workers to deliver a tailored multidisciplinary package of care. Patients had access to a local care coordinator who could signpost to community based activities and services for example to combat social isolation.
- The practice maintained a register of patients receiving palliative care. Patients on the register (and when appropriate their carers) were involved in planning their care, including their end of life care.
- The practice participated in a Hackney-wide scheme to reduce unplanned admissions through multidisciplinary care planning and a shared care approach. This was primarily aimed at patients aged over 75 with complex conditions at risk of hospital admission or sudden deterioration.
- The practice followed up older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Older patients were provided with advice and preventive care to help them to maintain their health and independence. For example, the practice offered flu, shingles and pneumococcal vaccination to eligible older patients.
- Staff were able to recognise the signs of abuse in vulnerable older patients and knew how to escalate any concerns.
- The practice offered an extended range of services, for example adult phlebotomy, reducing the need for patients to travel.

People with long term conditions

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

Good



Summary of findings

- The practice maintained registers of patients with long term conditions. There was a system to recall patients for a structured annual review to check their health and medicines needs were being met. The GPs and practice nurse had lead roles in long term disease management.
- The practice performed well on the Quality and Outcomes Framework (QOF) for long term disease management, having consistently achieved 98%-99% of all achievable QOF points over the last nine years.
- The practice ran specialist clinics for common long term conditions. For example, it ran a weekly clinic led by the local diabetes specialist nurse and diabetic dietitian. In 2015/16, the percentage of diabetic patients whose blood sugar levels were adequately controlled was 77% which was in line with the national average of 78%.
- The local heart failure nurse ran clinics at the practice for patients with this condition. The practice was able to demonstrate effective links with other multidisciplinary and specialist teams, for example in managing patients with chronic obstructive pulmonary disease (COPD).
- The practice followed up patients with long term conditions following discharge from hospital and ensured that care plans were updated to reflect any additional needs.
- Patients with long term conditions had access to longer appointments (20 minutes) when required.

Families, children and young people

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

- The practice provided antenatal and postnatal care and the eight week baby check.
- Immunisation rates were high for standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals.
- The practice invited all younger patients for a health check when they reached the age of 16.
- Appointments were available outside of school hours and the premises were suitable for children and babies. Breastfeeding and baby changing facilities were available.
- The practice held an annual 'mother and baby' forum for new parents to signpost relevant services and provide advice and education, for example on breastfeeding.

Good



Summary of findings

- The practice prioritised acutely ill children and women experiencing acute pregnancy complications for urgent attention.
- There were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances or following a hospital discharge.
- The GP child safeguarding lead had protected time to follow-up cases and liaise with relevant agencies including the local multiagency safeguarding hub (MASH).
- The GP child safeguarding lead held monthly meetings with the midwife and health visitor and liaised as needed with school nurses to support families and children.
- The practice staff received annual training and worked in partnership with community based organisations to identify and act on concerns about domestic violence. This work was based on the 'IRIS' model (Identification and referral to promote safety) and funded by the clinical commissioning group across all practices in Hackney.

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 practice provided accessible services to meet the needs of working age patients. The practice was open seven days a week and also offered telephone consultations, online appointment booking and an electronic prescription service.
- The practice used a messaging service to communicate with patients for example it sent appointment reminders, patient survey questionnaires and checked patients' smoking status by text message. Patients were also readily able to cancel appointments by return of text.
- The practice offered health promotion and screening services for this age group, for example NHS health checks for patients aged 44-75 years, weight management advice, alcohol counselling and information about local exercise classes and exercise referral.
- In 2015/16, 80% of eligible women registered with the practice had a cervical smear test within the last five years, in line with the national average of 81%.
- The practice provided an oral contraceptive service and signposted patients requiring other forms of contraception to local family planning services.

Good



Summary of findings

People whose circumstances may make them vulnerable

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

Good



- The practice held a register of patients living in vulnerable circumstances for example patients with a learning disability. Alerts were included on the electronic patient record system to ensure that staff were aware of patients who required additional assistance.
- The practice offered longer appointments for patients with a learning disability and annual health checks.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice had information available for vulnerable patients about how to access various services, support groups and voluntary organisations for example drug and alcohol services. The local wellbeing coordinator ran a weekly clinic at the practice and was able to refer or signpost patients to community services and social activities.
- Staff interviewed knew how to recognise signs of abuse in children, young people and vulnerable adults. They were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice identified carers and provided them with written information about available support. The practice had dedicated appointments for carers outside of working hours.
- The practice aimed to meet the 'Accessible information standard'. This ensures that patients (or their carers) with a disability or sensory loss receive information from the practice that they can access and understand, for example in large print, Braille or via email.

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).

Good



- Patients at risk of dementia were offered screening and referral to the local memory services.
- In 2015/16, 82% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was comparable to the national average of 84%.
- Patients had access to an Alzheimer's Society dementia advisor who was assigned to the practice to support patients and their families following diagnosis. This was part of a Hackney-wide scheme funded by the clinical commissioning group.

Summary of findings

- The practice regularly worked with multi-disciplinary and specialist teams in the case management of patients experiencing poor mental health. The practice was positive about involving mental health advocates to support patients.
- In 2015/16, 93% of patients with a diagnosed psychosis had a comprehensive care plan in their records. This was above the national average.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- The practice had information available for patients experiencing poor mental health about how to access various services, support groups and voluntary organisations including 24 hour crisis services.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

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. For this survey 368 questionnaires were distributed and 86 were returned. This represented 1% of the practice patient list and a response rate of 23%.

- 85% of patients described the overall experience of this GP practice as good compared with the clinical commissioning group (CCG) average of 84% and the national average of 85%.
- 78% of patients described their experience of making an appointment as good compared with the CCG average of 73% and the national average of 73%.
- 78% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 78% and the national average of 78%.

As part of our inspection we asked for CQC comment cards to be completed by patients in the days before the inspection. We received 37 comment cards, all but two of which were wholly positive about the service. We also spoke with five patients on the day.

Patients participating in the inspection commented that the practice provided a good service in a safe environment. Patients consistently described the doctors and staff as kind and caring and willing to listen. Patients gave us examples of compassionate, patient-centred care in relation to care they had received for long term conditions, urgent illness and mental health problems including depression.

The practice scored highly on the NHS 'Friends and family survey'. Over the previous 12 months, over 96% of patients would recommend the service to others.

Tollgate Lodge

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC inspector. The team included a GP specialist adviser.

Background to Tollgate Lodge

Tollgate Lodge provides NHS primary medical services to around 8100 patients in the Stoke Newington area of Hackney in North East London. The service is provided through an alternative provider medical services (APMS) contract.

The practice is one of a number of primary care services (including general practices, urgent care centres and out of hours services) provided across England by Care UK Clinical Services Limited.

The practice is currently located within portacabins which are in need of replacement. The practice is due to merge with another practice and move to a new location in the same area in the near future.

The current practice clinical team comprises the lead GP, a senior salaried GP and five regular self-employed (or regular locum) GPs. The practice staff team also includes two nurse practitioners, two practice nurses and a health care assistant. The provider employs a local practice manager and assistant manager, administrative staff and receptionists. The practice team are also supported by the provider's central and regional teams who are based at different locations.

Patients have the choice of seeing a male or female GP. The GPs typically provide 28 clinical sessions at the practice per week. The practice opening hours are:

- Monday from 8am to 6.30pm
- Tuesday from 8am to 6.30pm
- Wednesday from 8am to 7.30pm
- Thursday from 8am to 6.30pm
- Friday from 8am to 6.30pm
- Saturday from 8am to 2pm
- Sunday from 10am to 6pm

The GPs make home visits to see patients who are housebound or are too ill to visit the practice. Same day appointments are available for patients with complex or more urgent needs. The practice offers online appointment booking and an electronic prescription service.

When the practice is closed, patients are advised to use the local out-of-hours primary care service. The practice provides information about its opening times and how to access urgent and out-of-hours services in the practice leaflet, on its website and on a recorded telephone message.

The practice serves a diverse, multicultural and multilingual population including patients with high social and health care needs. The practice had a relatively young practice population compared to the English average.

The practice is registered with the Care Quality Commission (CQC) to provide the regulated activities of diagnostic and screening procedures and treatment of disease, disorder and injury.

Why we carried out this inspection

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

Detailed findings

requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations give examples to share what they knew. We carried out an announced visit on 17 January 2017. During our visit we:

- Spoke with a range of staff (including both regular GPs, the assistant practice manager, the practice nurse and receptionists).
- Observed how patients were greeted and spoke with five patients.
- Reviewed 37 comment cards where patients shared their views and experiences of the service.
- Inspected the facilities, equipment and premises.
- Reviewed documentary evidence, for example practice policies and written protocols and guidelines, audits, care plan templates, patient complaints, meeting notes, and monitoring checks.

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 living 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

Patients were protected by well organised and comprehensive safety systems. The practice and corporate team had fostered a genuinely open and transparent culture of reporting and maximised learning from incidents. The level and quality of incident reporting ensured a reliable picture of safety:

- The practice had an electronic recording form. Staff told us they would inform the practice manager of any significant events, other incidents or 'near misses' and document their report electronically. Incidents were discussed at the practice 'quality assurance' and clinical meetings.
- The practice (in common with other primary and out of hours services run by the company) used the 'Datix' incident recording system. This supported the recording of notifiable incidents under the duty of candour although no recent incidents had met the criteria for notification. (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). Staff we spoke with were aware of the duty of candour and their responsibility to be open with patients.
- The provider showed us several examples of reported incidents during the previous 24 months. Incidents had been reported by doctors, nurses and administrative staff. We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received an explanation and a written apology and were told about any actions to prevent the same thing happening again.
- We reviewed safety records, incident reports and patient safety alerts. The practice manager received all patient safety alerts and sent an electronic 'task' to the clinicians to review the alert in turn. This generated an audit trail to show that all relevant staff had responded. The practice kept a log of actions taken in response to safety alerts, for example checking whether any patients were affected and arranging a medicines review.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. The practice was part of a larger chain of practices but also had the autonomy to review its own processes and make changes to its policies and operating protocols. For

example, the practice had reviewed its security arrangements following a recent incident in which a patient became violent and damaged practice property. Staff told us they felt safe at the practice and had effective systems and processes in place to protect patients and staff members.

- The practice incident reporting system was part of the company's wider electronic incident reporting system and incidents were automatically shared with the central team and also collated and analysed centrally. Staff told us they received timely, direct feedback.
- The central team proactively shared learning with locally based staff. They circulated a quarterly electronic newsletter (called 'Reflect') summarising incidents and complaints across the provider's primary care services as well as relevant cases shared by the national NHS incident reporting system. We saw a recent copy which focused on medicines and prescribing errors and included learning on adverse drug interactions; home visits and prescription security and fraud.

Overview of safety systems and processes

The practice demonstrated a strong safety culture. It had comprehensive systems in place covering safeguarding, health and safety, medicines management, infection control and staffing:

- There were effective arrangements to safeguard children and vulnerable adults from abuse. The practice had clinical leads for adult and child safeguarding and its arrangements reflected relevant legislation and local requirements.
- Safeguarding 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.
- Staff demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. The GPs and the nurses were trained to child protection level three. Non clinical staff were trained to level two.
- The practice had developed a proactive approach to anticipating and managing risks to people who use services. The practice maintained lists of children and adults known to be at risk. The practice also maintained lists of vulnerable patients (including patients with learning disability, enduring mental health problems, housebound patients and patients with addictions).



Are services safe?

These patients were allocated a personal GP. The GPs proactively reviewed their lists and were alerted each time one of their patients contacted the practice. This system enabled the practice to monitor the wellbeing of patients at risk and identify any developing issues at an early stage. The patient's next appointment or review call was booked with them at each consultation and non-attendance or long periods without contact were followed up by the practice.

- The GPs provided safeguarding related reports as a priority where necessary for other statutory agencies and had attended the local multi-agency safeguarding hub meeting (MASH).
- Notices in the waiting and 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).

We observed the premises to be clean and tidy although some fixtures and fittings appeared to be quite old and shabby in appearance. There were cleaning schedules and monitoring systems in place.

- The practice manager was the practice lead for infection control. There was a written role description for reference, training for this role and a clear escalation structure to raise issues via the provider's regional and national infection control leads. The healthcare assistant also had responsibilities for monitoring infection control practice day to day.
- The practice had comprehensive infection control policies in place including hand washing, handling of specimens and handling of 'sharps'. Staff had received up to date training on infection control and the practice had an ultraviolet light and gel kit on the premises to support staff training on hand washing.
- The practice carried out a rolling monthly programme of infection control audits and kept a record of these. For example, in the previous six months, the practice had audited its sharps management, environmental cleaning, specimen handling and the management of vaccines. The practice had undergone an external infection control inspection by the local NHS infection control team in 2015.

- The practice acted when risks to infection control were identified, for example, recently replacing parts of the flooring and skirting.

The practice had effective arrangements for managing medicines safely (including obtaining, prescribing, recording, handling, storing, security and disposal of medicines).

- There were processes for handling repeat prescriptions which included the review of high risk medicines and regular review of patients on long-term prescriptions. Repeat prescriptions were signed by a GP before being issued and there was a reliable process to ensure this occurred.
- The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines.
- Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.
- Patient group directions (PGDs) had been adopted by the practice to allow the practice nurses to administer medicines in line with legislation. (PGDs are instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment).

Recruitment checks and other human resources functions were carried out by the central team and communicated to the practice when satisfactorily completed. We reviewed records for three members of staff and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed. The practice had a comprehensive risk register which was maintained by the practice manager and reviewed periodically. This included financial, business-related, operating and clinical risks. This had been updated for example in response to incidents.

- There were procedures in place for monitoring and managing risks to patient and staff safety. The practice had appropriate health and safety policies and protocols in place with named leads. The practice was



Are services safe?

located in a series of portacabins rented through NHS England. The property was managed by a separate agency. We were able to inspect various risk assessments, insurance and maintenance certificates.

- We were told that the building had become outdated and was prone to failures, for example the practice had experienced a water leak the day before the inspection. The practice had a positive working relationship with the property management agency and repairs were carried out promptly. We found the premises were acceptably safe and secure.
- Appropriate risk assessments had been carried out including a fire risk assessment. Fire alarms were tested weekly and there had been a recent fire drill and evacuation. Three members of staff were trained as fire marshalls.
- All electrical equipment was checked to ensure it was safe to use and clinical equipment was checked to ensure it was working properly. The property management agency held the legionella risk assessment and carried out regular water sampling as recommended (Legionella is a type of bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff needed to meet

patients' needs. There was a rota system in place to ensure enough staff were on duty with the appropriate skill mix. The provider had a bank of regular locums who could cover planned or unplanned GP and nurse leave.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. Copies were also kept off-site. The practice also kept a box of equipment with the plan (for example, including a torch) which might be useful to help keep the practice running in an emergency.

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 local 'pathways' agreed by the clinical commissioning group (CCG) and used this information to deliver care and treatment that met patients' needs.
- The practice conducted audits, medicines reviews with individual patients and reviews of medical record keeping to ensure that the treatment it provided was evidence based.

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 for 2015/16 were 98.5% of the total number of points available compared to the national average of 95.3%. The practice had achieved 98%-99% each year for the last nine years for QOF.

The practice exception reporting rates tended to be slightly lower than the local and national averages. Overall, the practice exception reporting rate for the clinical domain was 8% compared to national average of 10%. (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). Data from 2015/16 showed:

- Practice performance for key diabetes related indicators was comparable to the local and national averages. For example, 77% of diabetic patients had blood sugar levels that were adequately controlled (that is, their most recent IFCC-HbA1c was 64 mmol/mol or less) compared to the CCG and national averages of 78%. The practice exception reporting rate was 10% for this indicator compared to the national average of 13%.

- Eighty-seven per cent of practice diabetic patients had a recent blood pressure reading in the normal range compared to the CCG average of 88% and national average of 78%. The practice exception rate reporting was 4% for this indicator compared to the national average of 9%.
- In 2015/16, 82% patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months which was comparable to the CCG average of 86%.
- 93% patients with a diagnosis of psychosis had an agreed, comprehensive care plan compared to the CCG average of 89%. The practice exception reporting rate for this indicator was 1%.

There was evidence of quality improvement including clinical audit.

- Clinical audits were prompted by changes to guidelines, incidents, contractual requirements and local prescribing priorities. The practice participated in locality based audits, national benchmarking and peer review and regularly liaised with the local NHS prescribing team.
- The practice provided evidence of several clinical audits, two of which were completed two-cycle audits. These focused on diabetes prescribing and monitoring of patients prescribed antipsychotic medicines. Several patients had their prescriptions or treatment adjusted or changed over the course of these audits. Both these audits were carried out with the support of the CCG prescribing team.

The practice used comparative information about patient outcomes and practice performance to monitor improvement. For example, the practice reviewed its rates of emergency admissions, referral rates and A&E attendances. The practice performed well on these measures, consistently scoring in the lower quartile. The practice had also recently carried out an audit of cancer referrals (using the standardised Cancer Research UK and Royal College of General Practitioners template). This showed that it had referred all patients after one or two consultations with an average of seven days from the first attendance to referral.

Effective staffing

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

Are services effective?

(for example, treatment is effective)

- 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 induction programme topics were clearly linked to the staff handbook which contained written material on key policies and procedures for reference.
- All staff received mandatory training and updates that included: safeguarding, fire safety awareness, basic life support and information governance.
- The practice could demonstrate how it ensured role-specific training and updating for relevant staff.
- Staff with specific roles, for example chaperoning were given appropriate training and guidance.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, team meetings, appraisals, informal discussion and support for revalidation (for the GPs and nurse). All staff had received an appraisal within the last 12 months.
- The practice held clinical and quality assurance meetings. These included discussion of guidelines, reflection on significant events and complaints and unusual or challenging cases.

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 information stored on the shared computer drive.

- 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 treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital.

- Practice clinicians attended multidisciplinary meetings in the locality at which care plans were routinely reviewed and updated for patients with complex needs. The practice also routinely liaised with health visitors, district nurses and the local palliative care team to coordinate care and share information.
- The practice shared information about patients with complex needs or who were vulnerable due to their circumstances. This ensured that other services such as the ambulance and out of hours services were updated with key information in the event of an emergency or other unplanned contact.

Consent to care and treatment

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

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

Supporting patients to live healthier lives

The practice identified patients in need of extra support to live a healthier lifestyle, for example those at risk of developing a long-term condition. The practice offered a range of preventive services:

- In 2015/16, 80% of eligible women registered with the practice had a recorded cervical smear result in the last five years compared to the CCG average of 79% and the national average of 81%. The practice ensured a female sample taker was available. (The practice exception reporting rate for this indicator was in line with than the CCG average).
- There were systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Are services effective?

(for example, treatment is effective)

- Childhood immunisation rates were above target (90%) for standard childhood vaccinations. The practice followed up children who did not attend their initial appointments.
- 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. The staff carrying out health checks were clear about risk factors requiring further follow-up by a GP.
- The practice supported new mothers who wished to breastfeed with written information and access to advisors. One of the lead GPs ran an annual forum for new parents which was also attended by the local health visitor and had received positive feedback from patients.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

During our inspection we observed that members of staff were courteous and very helpful to patients and treated them with dignity and respect. They were polite to patients and treated them with respect.

- Curtains or screens 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 were able to take patients to a more private area if they needed to discuss sensitive issues or appeared distressed. There was a notice informing patients about this.
- The practice used interpreting services and community advocates when appropriate. There was a notice informing patients about these services. The staff were also able to speak a number of locally spoken languages and informed patients about the languages the doctors could speak on the practice website.

Patients participating in the inspection commented that the practice provided a good service in a safe environment. Patients consistently described the doctors and staff as kind and caring and willing to listen.

Results from the national GP patient survey showed that the practice tended to score in line with the local and national averages for patient experience of consultations.

- 89% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.
- 92% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 93% of patients said the GP gave them enough time compared to the CCG average of 85% and the national average of 87%.
- 92% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.
- 87% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 83% and the national average of 85%.

- 89% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 86% and the national average of 91%.

The practice also participated in the NHS 'Friends and family' feedback survey. Over the previous 12 months, 96% of participating patients would recommend the service to others.

Care planning and involvement in decisions about care and treatment

Patients who participated in the inspection told us they felt involved in decision making about the care and treatment they received. They also said they had received good advice and information that was helpful in making decisions, for example, patients told us the lead GP would sometimes explain a condition or treatment diagrammatically.

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. For example:

- 86% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% and the national average of 86%.
- 83% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 80% and the national average of 82%.
- 85% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 81% and the national average of 85%.

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 long term conditions and associated national support groups was also available on the practice website. Patients gave us examples of compassionate, patient-centred care in relation to care they had received for long term conditions, urgent illness and mental health problems including depression.

The practice computer system alerted staff if a patient was also a carer. The practice had identified 90 patients who

Are services caring?

were carers (1% of the practice list). The practice offered carers the flu vaccination, priority for appointments and written information about the various avenues of support available to them.

Staff told us that if patients had suffered bereavement, the named GP would write, telephone or visit the family depending on the circumstances and would ensure other professionals were updated. The practice signposted patients to bereavement support services.

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. The practice provided a range of extended or enhanced services at the practice to meet the needs of patients, for example providing antenatal and postnatal checks, a shared care mental health service and enabling patients with substance misuse problems to meet a support worker at the practice. We were told that the premises were being used to full capacity and space restrictions were limiting further expansion of its services.

- The practice was accessible to patients who had difficulty attending during normal opening hours. The practice opened on Saturday and Sunday and Wednesday evening. Consultations with a GP or nurse were available during extended hours. Telephone consultations were available daily.
- The practice sent text message reminders of appointments and test results.
- There were longer appointments available for patients with communication difficulties or who had complex needs. The practice had recently introduced 20 minute appointments for patients on its long term care registers.
- 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 patients with urgent medical problems.
- Patients were able to receive travel vaccinations. The practice displayed information explaining which vaccinations were available on the NHS and the fees charged for other vaccinations.
- There were accessible facilities, a hearing loop and translation services available including sign language interpreters and community advocates.
- The practice was responsive to patients' cultural and religious requirements, for example displaying information in reception for patients with diabetes on how to fast safely.
- Patients could choose to consult a male or female GP. All the nurses at the practice were female. A male health care assistant was available.

Access to the service

The practice opening hours were:

- Monday from 8am to 6.30pm
- Tuesday from 8am to 6.30pm
- Wednesday from 8am to 7.30pm
- Thursday from 8am to 6.30pm
- Friday from 8am to 6.30pm
- Saturday from 8am to 2pm
- Sunday from 10am to 6pm

Data from the national GP patient survey showed that:

- 97% of patients were satisfied with the practice's opening hours compared to the clinical commissioning group (CCG) average of 79% and the national average of 76%.
- 83% of patients said they could get through easily to the practice by phone compared to the CCG average of 76% and the national average of 73%.
- 78% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 84% and the national average of 85%.
- 62% of patients said they usually got to see or speak to their preferred GP compared to the CCG average of 54% and the national average of 59%.
- 78% of patients described their experience of making an appointment as good compared with the CCG average of 73% and the national average of 73%.
- 51% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 54% and the national average of 58%.

The practice had a system in place to assess:

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

This was done by asking patients or carers to request home visits early in the day wherever possible to allow the duty doctor (GP) to make an informed decision on prioritisation according to clinical need. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

Are services responsive to people's needs?

(for example, to feedback?)

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice. The provider's central team also reviewed complaints and responded to patients when appropriate.
- We saw that information was available to help patients understand the complaints system, including how to take the complaint further if they were unhappy with the practice's response.

The practice had received five written complaints in the last 12 months and also kept records of verbal complaints. Complaints had been appropriately handled and dealt with in a timely way. The practice offered patients a written apology and a meeting with patients to discuss their concerns. Lessons were learnt from individual concerns and complaints and action was taken to review and improve the quality of care. For example, complaints had prompted additional training on equality and diversity; changes to the appointment booking system and the practice had created a new information form for pregnant women explaining when and how to book their antenatal appointments at the practice.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. The staff told us they aimed to foster a traditional practice ethos while actively supporting local changes to primary care commissioning and provision for the benefit of the community.

We found that the practice seemed to be succeeding in this aim. For example, patients participating in the inspection consistently commented on the confidence and trust they had developed with their named GP and the positive impact this had on their care.

- The practice had a statement of purpose and staff knew and understood the aims, objectives and values underpinning the service.
- The practice had a strategy and supporting business and action plans which reflected the vision and were regularly monitored.
- The practice had identified premises problems as the most pressing challenge it faced in continuing to deliver an efficient, effective service. The practice (and its parent company) was working with NHS England on plans to relocate to other premises in the immediate area and possibly merge with another practice. The practice had discussed these plans with its patient participation group.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas.
- The provider had developed a performance 'dashboard' which enabled staff centrally and locally to easily monitor progress, for example with QOF and immunisation targets.
- The practice maintained a local risk register which identified potential barriers to the strategy and mitigating actions.

- The practice had improved the accessibility of information for staff with an 'all in one' page on the intranet. This had been developed by the assistant practice manager following a recommendation made after an internal review. The page grouped policies and procedures under heading buttons, for example on 'infection control', 'carers' and 'home visits'.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- The practice benefited from a strong safety culture. This included a focus on learning from incidents. The practice had also developed proactive systems to help prevent patients at risk from coming to harm.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. For example, the practice had effective infection control procedures in place and maintained these through regular internal audits. The practice also monitored patients on high risk medicines in line with guidance.
- A comprehensive understanding of the performance of the practice was maintained and was used to improve, for example incorporating best practice guidelines on diabetic prescribing.
- Practice meetings were held monthly which provided an opportunity for staff to learn about the performance of the practice. The practice had a number of staff who worked part time so meetings were documented and shared.
- We saw documented evidence, for example in the minutes of meetings and action plans which recorded shared learning and improvements to processes and practice, for example following significant events.

Leadership and culture

On the day of inspection the practice managers and clinicians demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. The practice had a good spread of skills and experience, for example one of the GPs had experience in early years primary care and sat on the relevant CCG clinical committee. The nurse practitioner was the 'lead' nurse in the practice and provided advice and support for the nurses and health care assistants.

Are services well-led?

Good 

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

The practice actively participated in commissioning discussion. The lead GP was a senior member of the local consortium of practices (known as the 'KLEAR' consortium) and represented this group at CCG meetings.

Staff consistently told us that the practice had developed a cohesive and supportive team culture and was a good place to work.

- The practice worked in collaboration with other practices and health and social services in the provision of care. For example, the practice worked with district nurses and social workers to monitor vulnerable patients. The practice benefited from easy access to a range of health professionals.
- Staff told us they had the opportunity to raise any issues at team meetings or more directly with managers and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported. Staff were involved in discussions about how to develop and improve the practice.

The provider was aware of and had systems 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 reviewed the significant events that had occurred in the previous 12 months and found that the practice had systems to ensure that when things went wrong with care and treatment:

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

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

The practice encouraged and valued feedback from patients and staff. It proactively sought feedback from patients and staff:

- The practice ran a patient participation group (PPG). The PPG met two or three times a year and submitted proposals for improvements to the practice management team. For example, the PPG had approved of the idea of increased appointment times for patients with complex conditions to reduce the problem of over-running appointments and delays.

- One member of the PPG commented that the practice might consider varying the day of the week that it holds patient participation group meetings (particularly in winter), to ensure that patients from all faith groups are able to attend.
- The practice participated the standardised NHS Friends and family questionnaire and analysed its results on the national GP patient survey. The practice reviewed feedback and took action to improve, for example increasing the number of available same day appointments.
- The practice obtained staff feedback through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. The wider company also obtained feedback through a staff survey and staff recognition scheme.

Staff told us they felt very well supported with opportunities to develop professionally within the practice and the wider organisation.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice and across the wider organisation.

- The company had taken over the practice in 2006 and was proud of the way the practice had grown and improved, for example, as demonstrated by the practice's high achievement on the Quality and outcomes framework.
- The practice had a comprehensive, monthly rolling programme of audits. This included regular reviews of individual clinicians' record keeping as well as non clinical audits covering health and safety and infection control.
- The practice was team was forward thinking and took part in local pilot schemes to improve outcomes for patients in the area, for example it was promoting 'social prescribing' to more isolated patients.
- Opportunities for learning from internal and external incidents were maximised. For example, learning was captured and shared in a regular primary care newsletter which was circulated across the company's primary care services.