Highbury Grange Medical Practice

Quality Report

Highbury Grange Health Centre
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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?	Requires improvement
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection of the Highbury Grange Medical Practice on 18 July 2017. Overall the practice is rated as good.

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

- Systems, processes and policies were not always reliable to keep people safe. These related to infection prevention and control issues, the use of Patient Group Directions by locum nurses and fire awareness training for staff.
- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- Feedback from patients and the results of the national GP patient survey showed patients were treated with compassion, dignity 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.
- Patients we spoke with said they found it easy to make an appointment with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.

The areas where the practice must make improvement are:

Summary of findings

- Ensure care and treatment is provided in a safe way to patients. In particular that - appropriate levels of cleanliness are maintained in all areas, with cleaning being carried out in accordance with written schedules to allow monitoring; all staff members receive up to date training in infection prevention and control; Patient Group Directions in respect of locum nurses are completed correctly and validated; and all staff members receive annual fire awareness training.

The area were the practice should make improvement is:

- Continue with plans to improve and monitor outcomes for patients with long term conditions.

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?

Requires improvement

The practice is rated as requires improvement for providing safe services.

- Although risks to patients were assessed, the systems to address these risks were not implemented well enough to ensure patients were kept safe. We noted that in some areas of the premises levels of cleanliness could be improved. No cleaning schedules were available for us to inspect. Not all staff had up to date training in infection prevention and control.
- The locum nurses' Patient Group Directions (which allow nurses to administer medicines in line with legislation) had not been completed correctly and were therefor invalid.
- Not all staff had up to date fire safety training.
- From the sample of documented examples we reviewed, we found there was an effective system for reporting and recording significant events; lessons were shared to make sure action was taken to improve safety in the practice. When things went wrong patients were informed as soon as practicable, received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had adequate arrangements to respond to emergencies and major incidents.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed most patient outcomes were at or above average.
- The practice had put in place an action plan to improve performance in relation to patients with long term conditions.
- Staff were aware of current evidence-based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Summary of findings

- End of life care was appropriately coordinated with other services.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed the practice was generally comparable with local and national averages.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

Good

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.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- Patients we spoke with said they found it easy to make an appointment, with 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 evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Good

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

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

Summary of findings

- 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. We saw evidence the practice complied with these requirements.
- The practice encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged with the patient participation group.

Summary of findings

The six population groups and what we found

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

Older people

Good

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

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

People with long term conditions

Requires improvement

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

- Data showed some patient outcomes were low compared to the local and national averages.
- The percentage of patients with diabetes, on the register, in whom the last IFCCHbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2015 to 31/03/2016) was 65.66%, compared with the local average of 76.07% and the national average of 78.01%.
- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2015 to 31/03/2016) was 64.17%, compared with the local average of 76.09% and the national average of 77.58%.

Summary of findings

- The percentage of patients with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less (01/04/2015 to 31/03/2016) was 71.92% compared with the local average of 80.74% and the national average of 82.9%
- The practice had recognised that improvement was needed in the care for patients with long term conditions and had devised and implemented an action plan to address this prior to our inspection.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and there was a system to recall patients for 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.

Families, children and young people

Good

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

- From the sample of documented examples we reviewed we found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked with midwives, health visitors and school nurses to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics.

Working age people (including those recently retired and students)

Good

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

Summary of findings

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible and flexible, for example, by extending opening hours and providing Saturday appointments with nurses.
- 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 percentage of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding 5 years (01/04/2015 to 31/03/2016) was 78.02%, compared with the local average of 76.67% and the national average of 81.43%

People whose circumstances may make them vulnerable

Good

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

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

People experiencing poor mental health (including people with dementia)

Good

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

- The practice carried out advance care planning for patients living with dementia.
- The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months was 86.96%, compared with the CCG average of 83.07% and the national average of 83.77%.

Summary of findings

- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2015 to 31/03/2016) was 89.34%, compared with the local average of 89.69% and the national average of 88.77%
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- Patients at risk of dementia were identified and offered an assessment.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP Patient survey results were published July 2017 and recorded results for the period January - March 2017. Some of the results indicated that the practice was performing below CCG and national averages, but others were generally comparable. Three hundred and eighty-five survey forms were distributed and 107 were returned. This represented 1.25% of the practice's patient list.

- 66% of patients described the overall experience of this GP practice as good compared with the CCG average of 82% and the national average of 85%.
- 67% of patients described their experience of making an appointment as good compared with the CCG average of 71% and the national average of 73%.
- 60% of patients said they would recommend this GP practice to someone who has just moved to the local area compared with the CCG average of 76% and to the national average of 77%.

We saw the results of the Friends and Family Test for 2016/17, which were considerably more positive. There had been 120 responses, in which 92% of patients said they were likely or extremely likely to recommend the practice, with 6% being unlikely to recommend it.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received eight comments cards which were consistently positive about the standard of care received. One card did not provide direct comments and another referred to another service that operated at the premises. Patients described the practice as a "great surgery", and an "amazing service", with "excellent staff", who were "friendly and considerate".

We spoke with 12 patients during the inspection. All the patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

Areas for improvement

Action the service MUST take to improve

- Ensure care and treatment is provided in a safe way to patients. In particular that - appropriate levels of cleanliness are maintained in all areas, with cleaning being carried out in accordance with written schedules to allow monitoring;all staff members receive up to date training in infection prevention and control; Patient Group Directions in respect of locum nurses are completed correctly and validated; and all staff members receive annual fire awareness training.

Action the service SHOULD take to improve

- Continue with plans to improve and monitor outcomes for patients with long term conditions.

Highbury Grange Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Was led by a CQC Lead Inspector**.** The team included a GP specialist adviser, a practice nurse specialist adviser and an Expert by Experience.

Background to Highbury Grange Medical Practice

The Highbury Grange Medical Practice (the practice) operates at Highbury Grange Health Centre, 1-5 Highbury Grange, London N5 2QB. The health centre occupies the ground floor of a residential block which is owned by the local authority. They are leased by the local NHS trust, with a number of rooms sublet to the practice. Various other healthcare services run by the trust operate from the same location. The trust is responsible for cleaning and maintenance. There are good transport links nearby with bus services connecting with Highbury and Islington and Finsbury Park stations.

The practice provides NHS services through a General Medical Services (GMS) contract to 8,978 patients. It is part of the NHS Islington Clinical Commissioning Group (CCG), which is made up of 34 general practices. The practice is registered with the Care Quality Commission as a partnership of three GPs, two male and one female, to carry out the following regulated activities - Treatment of disease, disorder or injury; Maternity and midwifery services and Diagnostic and screening procedures. The patient profile has a higher than average population of younger children, below 10 years, and adults aged between 25 and 44. There are slightly fewer than average teenagers and adults aged between 45 and 54 and considerably fewer older adults aged above 55 years. The deprivation score for the practice population is in fifth "most deprived decile", indicating mid-range deprivation level among the patient population.

The clinical team is made up of three partner GPs, two of whom work six clinical sessions a week with the lead partner working two clinical. There are three regular locum GPs, two male and one female, working between eight and ten weekly clinical sessions. The GPs share responsibility for daily duty, dealing with enquiries and triaging appointments. There is a practice nurse, who works three full days a week, and a trainee, who works two and a half days. In addition, regular locum nurses work a full day each week. The healthcare assistant works two days a week. The administrative team comprises the practice manager, finance manager and reception manager, together with a medical secretary, an administrator and five receptionists.

The practice reception operates between 9.00 am and 1.00 pm each weekday morning and from 2.00 pm to 6.30 pm on Monday, Tuesday, Thursday and Friday. The practice is closed on Wednesday afternoon, but will take phone calls. It operates extended hours for pre-booked appointments with GPs and nurses on Thursday evening between 6.30 pm and 9.00 pm. Pre-booked appointment with nurses are also available on Saturday morning between 9.00 am and 1.00 pm. In addition, the CCG provides the "IHub" service, operating until 8.00 pm on weekdays and between 8.00 am and 8.00 pm at weekends at three sites across the borough. Appointments can be booked by patients contacting their own general practice. There is also a walk in service available to all patients at a central location. The practice

has opted out of providing an out-of-hours service. Patients calling the practice when it is closed are connected with the local out-of-hours service provider. On Wednesday afternoons, the calls are passed back to the practice. Information about the out-of-hours provider, NHS 111 service and the IHub service is given in the practice leaflet and on the practice website.

Routine consultations can be booked up to four weeks in advance. Morning GP appointments are 10 or 15 minutes long; afternoon appointments are 10 minutes. Longer or double appointments can be booked if patients have more than one issue to discuss or for reviews of long term health conditions. Home visits are available for patients who may be house bound. The GPs and nurses are also available for telephone consultations. Routine appointments with GPs may be booked online by patients who have previously registered to use the system. It can also be used to request repeat prescriptions.

Why we carried out this inspection

We carried out a comprehensive inspection of the practice 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 practice 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 practice under the Care Act 2014.

The practice was previously inspected in April 2015 and had been rated as good overall, and requires improvement for providing effective services. This was due to it having low published performance figures and few clinical audits being completed.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice. We carried out an announced visit on 18 July 2017.

During our visit we:

- Spoke with a range of staff, including the partner GPs, practice nurse, practice manager and members of the administrative team. We also spoke with patients who used the service.
- Observed how patients were being cared for in the reception area and talked with carers and/or family members
- Reviewed a sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Looked at information the practice used to deliver care and treatment plans.

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.

Requires improvement

Are services safe?

Our findings

There was limited assurance about safety. Systems, processes and policies were not always reliable or appropriate to keep people safe. These related to infection prevention and control issues, medicines management and fire awareness training for staff.

Safe track record and learning

There was a system for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.
- From the sample of four documented examples we reviewed, we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. The practice carried out a thorough analysis of the significant events and reviewed them on an annual basis, most recently at a practice meeting in May 2017, to establish and monitor trends and evaluate any actions implemented.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, when it was found that an adult patient was given a junior dose of a particular vaccine, the vaccine manufacturer was contacted for advice. That was to give the patient a second junior dose to ensure they were fully protected. The patient was contacted and the second junior dose duly provided.
- We saw that safety alerts, were received and passed on to clinical staff by the practice manager, including a recent example issued by NHS England regarding the prescribing of Pregabalin, a drug used to treat epilepsy, anxiety and nerve pain.

Overview of safety systems and processes

The practice had some systems, processes and practices in place to minimise risks to patient safety, for example relating to safeguarding vulnerable adults and child protection. However, in some areas, such as infection prevention and control and medicines management, we found that the systems were not sufficiently robust to ensure safety was maintained.

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. One of the partner GPs was the lead member of staff for safeguarding and they had a named deputy to cover absence. The GPs attended safeguarding meetings when possible or provided reports where necessary for other agencies.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. The GPs and practice nurses were trained to child safeguarding level 3.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.
- Staff had recently received training in dealing with issues of domestic violence and the practice used a female genital mutilation risk assessment tool to identify and action cases of concern.

Staff told us that the local NHS trust was responsible for cleaning at the premises. We found that the common areas were generally clean and tidy, although the floor covering in the main corridor was split. There was exposed plaster in the staff toilet, which might be difficult to keep clean and the floor was dirty. We also noted that the floor covering in the nurses' room was split and the floor under the sink was dirty. We discussed this with staff, who informed us that the floor had been damaged during a "deep clean" carried out

by the trust the day before our inspection. In addition, there were no general cleaning schedules available for us to see. Staff told us the matters would be raised with the trust forthwith.

Staff told us there was a lead with responsibility for infection prevention and control. However, it was not clear from our discussions or from the policies and procedures we saw that this arrangement had been implemented sufficiently well to ensure risks were minimised. Although an infection control audit had been carried out in September 2016, it had not highlighted issues such as the absence of purple-topped bins for clinical waste contaminated by hormones and the need for the practice's body fluid spillage policy to be updated. We also noted that there were several different and conflicting versions of guidance to be followed in the event of a needle-stick injury. Not all staff had received up to date infection prevention and control training. We saw the results of another audit done in May 2017, which mentioned arranging this training, but it had not yet been implemented. The practice sent us evidence a few days after the inspection that all staff had completed infection control refresher training. A record of staff members' Hepatitis B immunisation status was maintained on their individual records, rather than on a central log, making monitoring less easy. Staff agreed to set up a single spreadsheet, when we discussed this with them.

There were arrangements for managing medicines, including emergency medicines and vaccines, in the practice to minimise risks to patient safety, including obtaining, prescribing, recording, handling, storing, security and disposal, but not all were fully implemented.

- There were processes for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred. The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. However, we found that the PGDs used by locum nurses working at the practice were not appropriately completed and were therefor invalid. Shortly after the inspection, the practice sent us a procedure document it had produced to ensure that locum nurses' PGDs were properly completed in future. Health care assistants were trained to administer vaccines and medicines and patient specific prescriptions or directions from a prescriber were produced appropriately.

We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

Monitoring risks to patients

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

- There was a health and safety policy available.
- There was an up to date fire risk assessment for the premises and regular fire drills were conducted. The trust, which was responsible for facilities management at the premises, carried out monthly fire risk audits, which included checking firefighting equipment. Fire alarms were tested weekly. There were two designated fire marshals within the practice. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises. We noted that not all staff were up to date with annual fire awareness training, but were provided with evidence that they had completed the training a few days after our inspection.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order. The most recent testing had been done in July 2016, but we saw that the 2017 tests had been arranged for shortly after our inspection.
- The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control and one relating to legionella. Legionella is a term for a particular bacterium which can contaminate water systems in buildings. The trust carried out monthly water temperature checks and samples were sent for analysis.

Requires improvement

Are services safe?

- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- Most staff had received annual basic life support training and we saw that refresher training was planned for the four staff members who were due it. The practice had a defibrillator available on the premises and oxygen with adult and children's masks. The equipment was monitored and logged.
- 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. A first aid kit and an accident book were available.
- 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 contractors and utilities providers. There were arrangements in place with a nearby buddy practice for the service to relocate in the event the premises were unusable.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. The practice used the Map of Medicine, a system allowing clinicians access to online guidance, and staff demonstrated accessing NICE guidance on urological cancers using the system.
- 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 recently published results for the practice, relating to 2015/16, showed it achieved 93.3% of the total number of points available, being 1.5% below the CCG Average and 2.1% below the national average. The practice's clinical exception rate was 5.9%, being 5.5% below the CCG Average, and 3.9% below the national average. 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 the practice was performing above local and national averages for most clinical domains, for example –

- The practice's 100% performance for asthma related indicators was 4.4% above the CCG average and 2.6% above the national average.
- The 100% for dementia related indicators was 2.1% above the CCG average and 3.4% above the national average.
- The 100% for osteoporosis indicators was 18% above the CCG average and 12.5% above the national average.

However, we noted the following below average results: -

- Performance for diabetes related indicators was 73.9%, being 14.5% below the CCG average and 15.9% below the national average.
- Performance for hypertension related indicators was 82.2%, being 13.8% below the CCG average and 15.1% below the national average.
- Performance for mental health related indicators was 86.8%, being 4.8% below the CCG average and 6.1% below the national average.

We discussed these figures with staff. They told us that QOF performance was monitored by the lead GP and practice manager and were now reviewed at fortnightly practice meetings, more of a focus than had been the case previously. The performance relating to diabetes, hypertension and mental health care had been noted and plans for addressing the issues had been implemented. This included the practice nurse being appointed on a permanent basis from April 2017, together with further attempts at recruiting, to assist in the management of patients with long term conditions and experiencing poor mental health. The practice showed us current QOF figures, which indicated a slight improvement had been achieved in the preceding two months, although this needed to be sustained –

- The figure for diabetes care had increased to just over 74%.
- Hypertension performance had increased to just over 84%.
- The mental health care figure had increased to 93%.

There was evidence of quality improvement including clinical audit. There had been seven clinical audits carried out in the last two years. These included an ongoing annual audit and two completed cycle audits where the improvements made were implemented and monitored. We looked at the results of a completed cycle audit relating to Long Term Bisphosphonate Therapy. Bisphosphonates are used in the treatment of osteoporosis, a condition which weakens bones, about which there are concerns over possible adverse effects related to long-term use. The audit was carried out to identify patients prescribed an oral bisphosphonate over a number of years, so that their care could be reviewed in line with current the guidelines, and to consider a "drug-free holiday" for those who were not deemed to be at high risk of osteoporotic fracture. In January 2017, 23 patients were identified as being

Good

Are services effective?

(for example, treatment is effective)

prescribed oral bisphosphonate for more than four years, and an action plan was drawn up for 17 of the patients to continue treatment, while two were to be recommended the drug holiday and reassessment within two years and four were to have bone mineral density (BMD) tests before a medication review. The audit was repeated in July 2017, which showed the drug-free holiday had been agreed by the two patients and the four BMD tests had been arranged. The findings of the audit were discussed at a practice meeting and all clinicians were provided with a copy of the current relevant guidelines and a link to where they could be located on the computer system.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. New staff were subject to a three month probation period.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, we saw evidence that GPs had undertaken recent update training on diabetes and chronic obstructive pulmonary disease (COPD).
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months.
- Staff received training that included safeguarding, fire safety awareness, basic life support and information governance. We saw that some refresher training was overdue, but the practice provided evidence that this had been completed shortly after our inspection using 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.
- We reviewed a number of patients' healthcare records and found that the practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Information was shared between services, with patients' consent, using a shared care record. Meetings took place with other health care professionals on a fortnightly basis for example with health visitors and with the local integrated network, which was attended by district nurses, social workers and organisations such as Age UK. Care plans were routinely reviewed and updated for patients with complex needs.

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

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. Clinical staff had received relevant update training a few weeks before our visit.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

Good

Are services effective?

(for example, treatment is effective)

- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to relevant services. For example, patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.

The practice's uptake for the cervical screening programme was 78.02%, which was comparable with the CCG average of 76.67% and the national average of 81.43%. There was a policy to offer telephone or written reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. There were failsafe systems 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.

The practice also encouraged its patients to attend national screening programmes for breast and bowel cancer. For example, the practice's take up rate for female patients aged 50-70, who had been screened for breast cancer in last 36 months was 58.5%, compared with the CCG average of 55.4%. The rate for patients aged 60-69, screened for bowel cancer in last 30 months was 46.5% compared with the CCG average of 47.7%

Childhood immunisations were carried out in line with the national childhood vaccination programme. Target uptake rates for the vaccines given to children aged under-2 were exceeded for all four sub-indicators, ranging from 93% to 96%. For five year olds, the take up rate ranged from 87% to 97%, being higher than the CCG average.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. We noted evidence that the practice's uptake for health checks showed a sustained improvement over the past few years.

Good

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.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patients could be treated by a clinician of the same sex.

Six of the eight patient comment cards we received were very 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. One of the cards did not address the caring aspects of the practice and the other referred to another service which operated from the premises.

We spoke with 12 patients, including the chair of the patient participation group. All but one told us they were very satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the 2017 national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice's satisfaction scores on consultations with GPs and nurses was generally comparable with CCG and national averages, for example: -

- 85% of patients said the GP was good at listening to them, compared with the CCG average of 88% and the national average of 89%.
- 81% of patients said the GP gave them enough time, compared to the CCG average of 83% and the national average of 86%.
- 93% 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%
- 74% 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 86%.
- 84% of patients said the nurse was good at listening to them, compared with the CCG average of 86% and the national average of 91%.
- 88% of patients said the nurse gave them enough time, compared with the CCG average of 88% and the national average of 92%.
- 92% of patients said they had confidence and trust in the last nurse they saw, compared with the CCG average of 95% and the national average of 97%.
- 85% of patients said the last nurse they spoke to was good at treating them with care and concern, compared the CCG average of 86% and to the national average of 91%.
- 83% of patients said they found the receptionists at the practice helpful, compared to the CCG average of 88% and the national average of 87%.

The 2017 results had been published only a few days before our inspection and the practice had not had the opportunity to review them. However, we were told that past survey results had shown some inaccuracy, with patients' responses sometimes relating to their experience of other services operating from the same premises.

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. Children and young people were treated in an age-appropriate way and recognised as individuals.

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

Good

Are services caring?

- 81% of patients said the last GP they saw was good at explaining tests and treatments, compared with the CCG average of 86% and the national average of 86%.
- 76% of patients said the last GP they saw was good at involving them in decisions about their care, compared to the CCG average of 81% and the national average of 82%.
- 85% of patients said the last nurse they saw was good at explaining tests and treatments, compared with the CCG average of 84% and the national average of 90%.
- 76% of patients said the last nurse they saw was good at involving them in decisions about their care, compared to the CCG average of 79% and the national average of 85%

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

- Staff told us that interpreting services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available. There was also a number of multi-lingual staff who might be able to support patients.
- The NHS e-Referral Service, formerly called Choose and Book, was used with patients as appropriate. This service gives patients a choice of place, date and time for their first outpatient appointment in a hospital.

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 124 patients as carers (1.3% of the practice list). Written information was available inviting carers to discuss any concerns with the practice manager and to direct them to the various avenues of support available. Carers were offered timely and appropriate support, such as flu vaccinations at the beginning of winter.

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

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population:

- The practice offered extended hours on Thursday evening until 9.00 pm, offering pre-booked appointments with GPs and nurses, for working patients who could not attend during normal opening hours. Pre-booked appointments with nurses were also available on Saturday morning.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- Same day appointments were available for children and those patients with medical problems that require urgent consultation.
- The practice sent text message reminders of appointments and test results and of other issues related to the practice.
- Online services, such as booking appointments and requesting repeat prescriptions, were available.
- Patients were able to receive travel vaccines available on the NHS, as well as those only available privately/ were referred to other clinics for vaccines available privately.
- There were accessible facilities, which included step-free access and a hearing loop. Telephone and face-to-face interpreting services available, including British Sign Language assistance.

Access to the service

The practice reception operated between 9.00 am and 1.00 pm each weekday morning and from 2.00 pm to 6.30 pm on Monday, Tuesday, Thursday and Friday. The practice closed on Wednesday afternoon, but took phone calls. Following patient feedback, from October 2017 the practice will remain open all day on Wednesday. It operated extended hours for pre-booked appointments with GPs and nurses on Thursday evening between 6.30 pm and 9.00 pm. Pre-booked appointment with nurses were also available on Saturday morning between 9.00 am and 1.00 pm. In addition, the CCG provided the "IHub" extended hours service, operating until 8.00 pm on weekdays and between 8.00 am and 8.00 pm at weekends, at three sites across the borough. Appointments could be booked by patients contacting their own general practice. There was also a walk in service available to all patients at a central location. The practice had opted out of providing an out-of-hours service. Patients calling the practice when it is closed were connected with the local out-of-hours service provider. On Wednesday afternoons, the calls were passed back to the practice and received by one of the partner GPs. Information about the out-of-hours provider, NHS 111 service and the IHub service was given in the practice leaflet and on the practice website.

Routine consultations could be booked up to four weeks in advance. Morning GP appointments were 10 or 15 minutes long; afternoon appointments were 10 minutes. Longer or double appointments could be booked if patients had more than one issue to discuss or for reviews of long term health conditions. Nurses' appointments were 15 minutes long. Home visits were available for patients who may be house bound. The GPs and nurses were also available for telephone consultations. Routine appointments with GPs could be booked online by patients who had previously registered to use the system. It could also be used to request repeat prescriptions.

The practice occupies space on the ground floor of a residential block, with step-free access from the street. Disabled parking spaces were available and there was an area set aside for patients to leave prams, buggies and bikes. The reception and waiting area was shared with other healthcare services operating from the same building. The practice had use of three GPs' consultation rooms and four nurses' treatment rooms.

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.

- 63% of patients were satisfied with the practice's opening hours, compared with the CCG average of 73% and the national average of 76%.

Good

Are services responsive to people's needs?

(for example, to feedback?)

- 70% of patients said they could get through easily to the practice by phone, compared to the CCG average of 77% and the national average of 71%.
- 83% of patients were able to get an appointment to see or speak to someone the last time they tried, compared with the CCG average of 83% and the national average of 84%.
- 71% of patients said their last appointment was convenient, compared with the CCG average of 77% and the national average of 81%.
- 67% of patients described their experience of making an appointment as good, compared with the CCG average of 71% and the national average of 73%.
- 50% of patients said they don't normally have to wait too long to be seen, compared with the CCG average of 52% and the national average of 58%.

Patients told us that they were able to get appointments when they needed them. Staff told us that from October 2017 the practice would remain open all day on Wednesday.

The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention by means of triage by the duty GP. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. For example posters were displayed in the reception area, together with leaflets and information was provided on the practice website.

Twelve complaints had been received in 2016 /17, of which nine were written and three verbal. They had been reviewed at a meeting of partners and management in May 2017, having been monitored at practice meetings throughout the year. We looked at a number of the records and found the complaints had been appropriately handled, dealt with in a timely way, openness and transparency with dealing with the complaint. Lessons were learned from individual concerns and complaints. Any trends were identified and action was taken to as a result to improve the quality of care. We noted that the all the complaints made about GPs related to locums, some of whom would not be used again by the practice. Three of the complaints related to appointments running late and resulted in reception staff being reminded to keep patients informed of delays.

Are services well-led?

Good

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. The practice's aims and objectives were set out in its statement of purpose -

- To provide the best possible quality service for our patients within a confidential and safe environment by working together irrespective of age, sex, gender, disabilities, health, religious beliefs or ethnic origin
- To involve our patients in decisions regarding their treatment
- To provide patients choice of treatment and services
- To provide up to date health promotion and encourage good well-being and lifestyle choices
- To involve allied healthcare professionals in the care of our patients where it is in their best interests
- To encourage our patients to get involved and join the Patient Participation Group which can assist in improving services
- To encourage patients to participate in the Friends and Family Test, surveys and provide feedback and suggestions regarding the service
- To continually monitor and review patient access and services
- To be courteous, caring , respectful and sensitive to patient needs
- To ensure and review staff training and skills according to needs of patients, the practice and personal development

Staff we spoke with knew and understood the practice's values. The practice had a clear strategy and supporting business plans that reflected the aims, objectives and values and which were regularly monitored.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. Partner GPs had lead roles in key areas, such clinical governance, safeguarding, etc.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- An understanding of the performance of the practice was maintained. Practice meetings were held weekly and clinical meetings every two weeks. The administrative team met separately and whole-staff meeting were held twice a year.
- A programme of clinical and internal audit was used to monitor quality and to make improvements.

Leadership and culture

Staff told us the partner GPs and managers were approachable and always took the time to listen to all members of staff.

The practice 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. This included support training for all staff on communicating with patients about notifiable safety incidents. The partner GPs encouraged a culture of openness and honesty. We found that the practice had systems to ensure that when things went wrong with care and treatment:

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

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

- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. GPs met with health visitors to monitor vulnerable families and safeguarding concerns.
- 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.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. Staff told us they were involved in discussions about how to run and develop the practice, and the partner GPs encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

Are services well-led?

Good

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

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 via the patient participation group (PPG), through surveys and from complaints and suggestions it received. It monitored the results of the Friend and Family Test and invited suggestions on its website. There were also suggestions boxes in the waiting area.

We spoke with the chair of the PPG, who was positive regarding the practice's engagement with the group. The PPG was made up of 21 patients and met twice a year, usually with around 12 patients attending. It had submitted proposal for improvements to the practice management team. For example, the practice lunch break had been reduced from two hours to one at the PPG's suggestion and a patients' walking group had been set up.

Staff members were able to provide feedback through staff meetings, appraisals and discussion. They said the partner GPs and practice management had an open door policy, to discuss any concerns or suggestion staff might have.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **How the regulation was not being met:** Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe care and treatment **How the regulation was not being met:** There was limited assessment of the risk of, and preventing, detecting and controlling the spread of, infections, including those that are health care associated. In particular, relating to the cleanliness of some areas of the premises and staff training in infection prevention and control. This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.