

Barton House Group Practice

Quality Report

233 Albion Road
Stoke Newington
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Website: www.bartonhousegrouppractice.co.uk

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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?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

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Overall summary

Letter from the Chief Inspector of General Practice

This practice is rated as Good overall. (Previous comprehensive inspection 01 October 2015 – Good)

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are rated as:

Older People – Good

People with long-term conditions – Good

Families, children and young people – Good

Working age people (including those recently retired and students – Good

People whose circumstances may make them vulnerable – Good

People experiencing poor mental health (including people with dementia) – Good

We carried out an announced comprehensive inspection at The Barton House Group Practice on 20 November 2017. The practice was previously inspected in October

2015. All key questions and population groups were rated as good and this inspection was to ensure that the practice were maintaining standards. At that inspection there were no areas identified that the provider needed to improve.

At this inspection we found:

- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- The practice proactively sought feedback from staff and patients, which it acted on.
- There was a clear leadership structure and staff felt supported by management.
- The provider was aware of the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.
- Patients found the appointment system easy to use and reported that they were able to access care when they needed it.
- Staff involved and treated patients with compassion, kindness, dignity and respect, although we did observe the potential for privacy to be compromised when patients discuss appointments or other issues at reception.
- The practice had clear systems to manage risk so that safety incidents were less likely to happen, although there were actions to follow up in respect of fire and health and safety risk assessments and

Summary of findings

the frequency of the electrical fixed installation should be verified. When incidents did happen, the practice learned from them and improved their processes.

- There was a strong focus on continuous learning and improvement at all levels of the organisation. The level of child safeguarding training that staff had achieved was not clear.
- We found the practice had not clearly displayed its previous inspection ratings but they confirmed they had experienced technical problems with doing this but would try and remedy without delay.

The areas where the provider **should** make improvements are:

- Review the risk assessments carried out for fire and health and safety and follow up any outstanding actions and the frequency of the electrical fixed installation testing should be verified.
- Review the reception area privacy arrangements.
- Review display of the CQC rating on the practice website.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Barton House Group Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser, a practice nurse specialist adviser and an expert by experience.

Background to Barton House Group Practice

The Barton House Group Practice operates from 233 Albion Road, Stoke Newington, London

N16 9JT. The practice provides NHS primary medical services through a Primary Medical Services contract to just over 12,800 patients in the City and Hackney area. The practice is part of the City and Hackney Clinical Commissioning Group (CCG) and a Federation of 43 practices.

The practice has three male GPs and nine female GPs (this included one female locum and a female registrar). The GPs provide a combined total of 60 sessions or 69 sessions including the registrar. There were two practice nurses, two healthcare assistants, a practice clinical pharmacist, a practice manager, deputy practice manager, two reception supervisors and a reception / administrative team of twelve staff. The practice is a training practice. At the time of inspection there was one GP registrar placement. The practice also employs two part time counsellors and a Bengali speaking advocate. A Turkish translator attends the practice two days a week.

The practice has level access from the pavement and consultations are all provided on the ground floor level. There are good bus links close to the practice and some parking spaces for disabled people close by. It has a waiting room in front of the main reception desk.

It has a high proportion of patients who are non-English speaking or whose first language is not English and a higher younger than the average London population but a lower than average older population although this is higher than average within Hackney.

The practice is in an area with a high deprivation weighting. The Indices of Multiple Deprivation score is four. The lower the Indices of Multiple Deprivation decile, the more deprived an area is.

The practice is registered with the CQC to provide the regulated activities Diagnostic and screening procedures, Family planning, Maternity and midwifery services, Surgical procedures and Treatment of disease, disorder or injury.

The practice has a website which provides a range of information about the practice and services provided. It can be accessed here www.bartonhousegrouppractice.co.uk

The practice reception and surgery opening hours are:

Monday to Friday: 8.30am – 6.30pm

Saturday and Sunday: Closed

Early morning and late evening surgeries are available each day of the week. Extended access to nurse and GP appointments are available throughout the week giving the option of early (7am to 8am) or late (6.30pm to 8pm) appointments. Extra ‘overspill’ appointments for routine booking are also available at the local access hub seven days a week from 8am to 8pm. Telephone advice is available throughout the working day (8.30am to 6.30pm) via a duty doctor system.

Detailed findings

Extended appointments can be made on any day when the practice is open. If the practice is closed there is a number patients can call to obtain the Out of Hours service contact details. This is also on the practice leaflet and website.

Are services safe?

Our findings

We rated the practice, and all of the population groups, as good for providing safe services.

Safety systems and processes

The practice had clear systems to keep patients safe and safeguarded from abuse.

- The practice conducted safety risk assessments. It had a suite of safety policies which were regularly reviewed and communicated to staff. Staff received safety information for the practice as part of their induction and refresher training. The practice had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out staff checks, including checks of professional registration where relevant and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record of 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.
- All staff received up-to-date safeguarding and safety training appropriate to their role although it wasn't clear what level of child safeguarding training staff had undertaken. The practice manager told us she would follow that up to check all staff had achieved the relevant level and subsequently confirmed this. All staff knew how to identify and report concerns.
- Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control.

- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for temporary staff tailored to their role.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections, for example, sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Referral letters included all of the necessary information.

Safe and appropriate use of medicines

The practice had reliable systems for appropriate and safe handling of medicines.

- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks. The practice kept prescription stationery securely and monitored its use.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal

Are services safe?

requirements and current national guidance. The practice had audited antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship.

- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines.

Track record on safety

The practice had a good safety record.

- There were comprehensive risk assessments in relation to safety issues, although it wasn't clear whether all recommended actions had been followed up or whether all staff had received fire safety training. There was no record of the date of the last electrical fixed installation testing but the practice manager told us she would follow this up without delay.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice. For example, the practice had identified some risks in relation to their own processes and those of their local NHS pathology service regarding blood tests. The practice gave feedback to the hospital and arranged a meeting to discuss the issues which they had experienced. This resulted in a better understanding of the systems and processes by the laboratory and an agreement that changes would be made to improve the service and reduce potential for errors.
- There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts.

Are services effective?

(for example, treatment is effective)

Our findings

We rated the practice as good for providing effective services overall and across all population groups.

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- Number of antibacterial prescription items prescribed per Specific Therapeutic group Age sex Related Prescribing Unit (STAR PU), (Adj) (01/07/2015 to 30/06/2016) for the practice was 0.65, for the CCG 0.71 compared to the national figure of 1.01.
- We saw no evidence of discrimination when making care and treatment decisions.
- The practice had commenced online access (appointments and repeat prescription requests) and encouraged self-care by providing access to a range of information and support including from use of social prescribing.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

For example:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. Those identified as being frail had a clinical review including a review of medication.
- Patients aged over 75 were invited for a health check in line with the requirements of the City and Hackney CCG. The practice patients over 75 were mainly on the chronic disease register and were offered checks in accordance with their needs but were reviewed every year. If necessary they were referred to other services such as voluntary services and supported by an

appropriate care plan. The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.

People with long-term conditions:

For example:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.

The practice were mainly above average compared to other practices for their management of long-term conditions. For example, diabetes, asthma, COPD, hypertension and atrial fibrillation data, although for some had slightly higher than average overall exception rates. For example, The percentage of patients with diabetes, on the register, in whom the last IFCHbA1c is 64 mmol/mol or less in the preceding 12 months, peripheral arterial disease and osteoporosis.

Families, children and young people:

For example:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were in line with the target percentage of 90% or above.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines.
- The practice also had a 'well family counsellor' providing a weekly clinic covering welfare advice, counselling and social prescribing to families in need.

They held monthly safeguarding meetings with the link health visiting team to discuss children subject to protection or child in need plans as well as sharing information and reviewing care plans.

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

Are services effective?

(for example, treatment is effective)

For example:

- The practice's uptake for cervical screening was 76%, compared to the England average of 73%, which was in line with the 80% coverage target for the national screening programme.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

For example:

- The practice registered residents from a local hostel for vulnerable women, including those with a complex history of problems such as drug / alcohol abuse and domestic abuse.
- They provided substitute opiate prescribing with weekly shared care case working for dependent patients.
- There was a weekly employment, legal and welfare rights clinic.
- Turkish advocacy service twice weekly.
- In-house Bengali advocate funded by the practice,
- Enhanced care to non-English speaking members of the Roma travelling community via one of the partners who speaks fluent Polish.
- 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 held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.

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

For example:

- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example the percentage of

patients experiencing poor mental health who had received discussion and advice about alcohol consumption (practice 94%; CCG 91%; national 89%); and the percentage of patients experiencing poor mental health who had received discussion and advice about smoking cessation (practice 96%; CCG 96%; national 95%).

- The practice funded weekly counselling sessions with two experienced counsellors to support patients with mental health needs which provided a convenient, familiar location and continuity for patients. Outcomes were tracked and monitored. Of the 38 clients attending one or more sessions during 2016/17, 31 had a planned ending and completed final questionnaire. This showed 28 made significant improvement or recovery (90% of completers) and 3 showed no significant change. Significant improvement is calculated by a reduction in severity by at least one category, for example from Moderately Severe to Moderate, or Moderate to Mild, (averaged across the 3 questionnaires).
- The practice participated in a scheme designed to transfer patients with long-term psychotic illness from the Community Mental Health Team to primary care. They were supported by a community psychiatric nurse who saw patients at the surgery.

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. Where appropriate, clinicians took part in local and national improvement initiatives.

The most recent published Quality Outcome Framework (QOF) results were 100% of the total number of points available compared with the clinical commissioning group (CCG) average of 97% and national average of 95%. The overall exception reporting rate was 6% compared with a national average of 6%. (QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.)

- The practice used information about care and treatment to make improvements. For example, the practice had completed a two cycle audit of broad

Are services effective?

(for example, treatment is effective)

spectrum antibiotic prescribing for the treatment of upper respiratory tract infection combined with training from the pharmacy adviser. On the first cycle there were 30 prescriptions that did not fit with the prescribing guidelines. Following the training on the second audit only two prescriptions were identified that did not fit with the prescribing guidelines.

- The practice also had a weekly discussion about: referrals to secondary care and other services, complaints and prescribing to ensure these are well managed.
- The practice was actively involved in quality improvement activity. For example the practice had a continuous programme of clinical audit. The practice had completed 11 audits over the last 12 months including two that were completed audits where a second cycle had been undertaken. These included for example, an audit of frequent A&E attenders, an audit of heart failure (coding, accuracy of diagnosis, treatment and optimising of drug doses), an audit of child safeguarding procedures and a care plan audit.
- They also monitored a range of standards and targets for people with long term conditions set by the CCG as well as their prescribing with support from the pharmacy team to improve their prescribing.
- Where appropriate, clinicians took part in local and national improvement initiatives. The practice was part of a local consortium and participated in a local incentive scheme to improve targets in treating patients. These were over and above those set nationally. This enabled benchmarking, peer review and improved performance. For example patients with long term conditions such as diabetes or hypertension, or those with mental health problems.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.

- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- 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.

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their health. The practice had a room adjacent to the reception which enabled patients privacy for self-monitoring of their blood pressure, height and weight.
- Staff discussed changes to care or treatment with patients and their carers as necessary.

Are services effective?

(for example, treatment is effective)

- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately.

Are services caring?

Our findings

We rated the practice, and all of the population groups, as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- 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. The practice had a self check-in system but we observed some conversations in reception which could compromise patient privacy when making appointments. For example, one patient gave their address which could be heard by a person sitting at the back of the reception area.
- All of the 20 patient Care Quality Commission comment cards we received were positive about the service experienced. This is in line with the results of the NHS Friends and Family Test and other feedback received by the practice.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. Three hundred and twenty five surveys were sent out and one hundred and fourteen were returned. This represented about 0.9% of the practice population. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 97% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 93% of patients who responded said the GP gave them enough time; CCG - 84%; national average - 86%.
- 97% of patients who responded said they had confidence and trust in the last GP they saw; CCG - 94%; national average - 95%.

- 93% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG - 84%; national average - 86%.
- 93% of patients who responded said the nurse was good at listening to them; (CCG) - 86%; national average - 91%.
- 92% of patients who responded said the nurse gave them enough time; CCG - 87%; national average - 92%.
- 96% of patients who responded said they had confidence and trust in the last nurse they saw; CCG - 95%; national average - 97%.
- 94% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG - 85%; national average - 91%.
- 93% of patients who responded said they found the receptionists at the practice helpful; CCG - 87%; national average - 87%.

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas, including in languages other than English, informing patients this service was available. Patients were also told about multi-lingual staff who might be able to support them.
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

The practice proactively identified patients who were carers. This was done opportunistically, through multi-disciplinary team meetings where patients with

Are services caring?

complex care needs were discussed or at registration. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 311 patients as carers (2.5% of the practice list).

- The practice supported carers, there were meetings / events held at the practice for example by the dementia care team. The practice could also refer carers to their in-house counsellor, refer to bereavement services and provided flu vaccinations.
- Staff told us that if families had experienced bereavement, their usual GP contacted them. 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.

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

- 92% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 85% and the national average of 86%.
- 87% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG - 80%; national average - 82%.
- 95% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG - 85%; national average - 90%.
- 89% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG - 81%; national average - 85%.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- The practice complied with the Data Protection Act 1998. The practice was registered as a data controller on the Data Protection Register to 18 October 2018.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated the practice, and all of the population groups, as good for providing responsive services.

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs. (For example, extended opening hours, online services such as repeat prescription requests, advanced booking of appointments, advice services for common ailments).
- The practice improved services where possible in response to unmet needs.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services. The practice provided level access to all consultation and treatment rooms via automatic entry doors to reception. If people had specific needs the practice reception staff could also support patients at check-in. For example if they had reduced vision. The practice manager told us that a hearing loop had been ordered. The practice had a wheelchair accessible toilet, advocacy and interpreter services.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

For example:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GP and practice nurse also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.

- The practice also provided care to patients at a local nursing home.

People with long-term conditions:

For example:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.
- They held multidisciplinary clinics involving a pharmacist, GP, practice nurse and health care assistant.
- They had close liaison with community heart failure nurses, Chronic Obstructive Pulmonary Disease outreach team and CCG specialist pharmacists.

Families, children and young people:

For example:

- 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. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.
- The practice held twice weekly multi-disciplinary baby clinics in conjunction with attached health visitors. Pre-booked and walk-in appointment allow some flexibility of access for families.
- The practice also participated in the Pharmacy First scheme. pharmacists in City and Hackney Hamlets could give advice and treatment on a range of minor health problems including short term drug treatments.

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

For example:

- The needs of this population group had been identified and the practice had adjusted the services it offered to

Are services responsive to people's needs?

(for example, to feedback?)

ensure these were accessible, flexible and offered continuity of care. For example, early morning or evening appointments and weekend overspill appointments at a hub practice.

- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.

People whose circumstances make them vulnerable:

For example:

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.

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

For example:

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice participated in a scheme designed to transfer patients with long-term psychotic illness from the Community Mental Health Team to primary care. Supported by a community psychiatric nurse who saw patients at the surgery.
- The practice held quarterly mental health meetings with their local liaison psychiatrist (who saw referred patients in the surgery), their counsellors, community psychiatric nurse and community psychologists.
- The practice held GP led dedicated mental health and dementia clinics. Patients who failed to attend were proactively followed up by a phone call from a GP.

Timely access to the service

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- The appointment system was easy to use.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was comparable to local and national averages. This was supported by observations on the day of inspection and completed comment cards. Three hundred and twenty five surveys were sent out and 114 were returned. This represented about 0.9% of the practice population.

- 72% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 77% and the national average of 76%.
- 84% of patients who responded said they could get through easily to the practice by phone; CCG - 71%; national average - 71%.
- 86% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment; CCG - 83%; national average - 84%.
- 85% of patients who responded said their last appointment was convenient; CCG - 79%; national average - 81%.
- 77% of patients who responded described their experience of making an appointment as good; CCG - 73%; national average - 73%.
- 48% of patients who responded said they don't normally have to wait too long to be seen; CCG - 53%; national average - 58%.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available and it was easy to do. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. Twenty one complaints were received in the last year. We reviewed five complaints and found that they were satisfactorily handled in a timely way.
- The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care. For

Are services responsive to people's needs? (for example, to feedback?)

example there were some complaints relating to prescribing and the failure to communicate when a prescription request had been rejected by the doctor.

The practice related this to their move to electronic prescribing but following discussion, implemented a single system for all clinicians to use and reception can notify patients if a prescription is rejected.

Are services well-led?

Good 

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

Our findings

We rated the practice as good for providing a well-led service.

Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders had the experience, capacity and skills to deliver the practice strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

Vision and strategy

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

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.
- The practice developed its vision, values and strategy jointly with patients, staff and external partners.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy.

Culture

The practice had a culture of high-quality sustainable care.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.

- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. For example, following an oversight to send a referral letter for a child, the mother of the child was sent a letter of apology and an internal review of administrative procedures concerning matching of referrals and letters. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including nurses, were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.

Are services well-led?

Good 

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

- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control
- Practice leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Practice leaders had oversight of MHRA alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.
- The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.

- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. For example, the practice are developing their service to become part of a network of two large and three small practices within the CCG. The practice actively raise issues with the CCG and local trust to improve systems and processes for patients and staff. Four of the GPs have a lead role within the CCG.
- There was an active patient participation group. We met several members of the group during the inspection who were able to provide feedback about the services provided. We discussed their feedback with the practice, specifically to have more time for meetings and agendas in advance to comment on.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement at all levels within the practice. As a consequence of a recent audit on depression carried out by one of the GPs, the CCG decided to incentivise an annual review of depression.

Are services well-led?

Good 

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

- Staff knew about improvement methods and had the skills to use them.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.

- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.

The practice had not clearly displayed their CQC rating due to technical problems but told us they would review this. The ratings could be seen by clicking on the report link.