

# Crown Street Surgery

## Quality Report

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

### Ratings

Overall rating for this service	Good	
Are services safe?	Good	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Good	

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Crown Street Surgery on 4 November 2015. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events. All significant events and incidents were discussed at practice meetings so that learning could be shared.
- Most risks to patients were assessed and well managed, although we found a risk relating to the maintenance of the building had not been resolved.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Recruitment checks had been carried out prior to employment.

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- Information about services and how to complain was available and easy to understand.

- Most patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.

- The practice had good facilities and was well equipped to treat patients and meet their needs.

- 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 and complied with the requirements of the Duty of Candour.

In addition the provider should:

- Ensure environmental risks relating to the practice environment are resolved promptly.

# Summary of findings

- If a decision is made to not have an automated external defibrillator (AED) on-site, undertake a formal risk assessment of not having access to an AED during practice opening hours.
- Review national guidance relating to annual basic life support training for non-clinical staff.
- Advertise that translation services are available to patients on request.

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

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there are unintended or unexpected safety incidents, people received reasonable support, truthful information, an apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse.
- Risks to patients were assessed and well managed. For example, those relating to infection prevention and control, medicines management, and dealing with emergencies. However, we found that an environmental risk relating to the maintenance of the building had not been resolved.
- Recruitment checks had been carried out for new starters prior to employment.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs.
- We found that some non-clinical staff required training or updated training for basic life support. During our visit the practice made arrangements for staff to undergo this training.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Data showed patient outcomes were at or above average for the locality.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of people's needs.

Good



# Summary of findings

## Are services caring?

The practice is rated as good for providing caring services.

- Data showed that patients rated the practice similar to or higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Good



## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- It reviewed the needs of its local population and engaged with the Clinical Commissioning Group to secure improvements to services where these were identified.
- Most patients said they found it easy to access the service and make an appointment. Patients confirmed that they could usually see a doctor on the same day and were aware that this might not be with the GP of their choice.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff.

Good



## Are services well-led?

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

- It 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 this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty.

Good



# Summary of findings

- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.

# Summary of findings

## The six population groups and what we found

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

### Older people

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

- The practice had a similar percentage of patients over the age of 75 (5.6%) when compared to the national average (7.6%), and patients over the age of 85 (1.9% compared to the national average of 2.2%). The income deprivation level affecting older people was 32 compared to the national average of 22.5.
- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- All patients over the age of 75 had a named GP and were informed of this.
- The practice offered personalised care to meet the needs of the older people in its population and had a range of enhanced services, which included offering the shingles vaccination and avoiding unplanned admissions to hospital.
- Monthly multidisciplinary team meetings were used to review care plans and discuss those with enhanced needs. The practice targeted 2% of the most at risk patients, the majority of whom were elderly, to ensure their needs were met.
- The practice were responsive to the needs of older people, and offered longer appointments, home visits and rapid access appointments for those with enhanced care needs.
- Patients were reviewed following discharge from hospital and referrals to support services were made to prevent readmissions.
- The practice looked after patients from three residential care homes and the GPs carried out six monthly reviews or more frequent visits when required.

Good



### People with long term conditions

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

- The percentage of patients at the practice with a long standing health condition (48.8%) was lower than the national average of 54%, and those with health related problems in daily life (53.9%) was higher than the national average of 48.8%.
- Nationally reported data showed that outcomes for patients with long term conditions was good.

Good



# Summary of findings

- All these patients had a named GP and a structured annual review to check that their health and medicines needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- GPs and nurses had lead roles in chronic disease management. Some clinicians had additional diplomas in diabetes and asthma.
- Patients could attend the practice to have a blood test which measured how well their anticoagulation medication was working.
- Patients at risk of hospital admission were identified as a priority and discussed at weekly clinical meetings and monthly multidisciplinary team meetings.
- Patients were reviewed following discharge from hospital and referrals to support services were made to prevent readmissions.
- Longer appointments and home visits were available when needed.

## Families, children and young people

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

- Children aged zero to four represented 7.2% of the practice population (national average 6.0%); children aged five to 14 represented 12.4% (national average 11.4%); and those aged under 18 years represented 15.1% (national average 14.8%). The income deprivation level affecting children was 40 compared to the national average of 22.5.
- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk. For example, there was joint working with the health visitors to discuss children on the child protection register, and the practice had procedures to follow when children and young people did not attend appointments.
- Urgent access appointments were available for children who were unwell.
- Immunisation rates for standard childhood immunisations were in line with the CCG averages.
- The practice ran a weekly paediatric phlebotomy clinic for children under 16.
- Patients told us that children and young people were treated in an age-appropriate way and we saw evidence to confirm this.

Good





# Summary of findings

- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice offered antenatal and postnatal services.

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

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

- The number of patients in paid work or full-time education was above the national average, 66% compared to 60.2%.
- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice had a website which offered facilities to book appointments and order repeat prescriptions online. Text messaging was used for confirming appointments and health promotion.
- 'Commuter Clinics' were available on Thursday morning from 07:30 to 08:00, and on Tuesday and Thursday evening until 19.30. These appointments were prioritised for working patients who could not attend the practice during normal opening hours.
- There was a full range of health promotion and screening that reflected the needs for this age group, including NHS health checks for patients aged 40 to 74.
- The practice's uptake for the cervical screening programme was 77.9%, which was similar to the CCG average of 78.3% and below the national average of 81.8%.

Good



## **People whose circumstances may make them vulnerable**

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

- The practice held a register of patients living in vulnerable circumstances including housebound patients, carers, those with a learning disability, patients receiving end of life care, and homeless patients.
- It offered longer appointments for vulnerable patients who may need it. Housebound patients and those who could not access the practice were supported via home visits or a community bus service which would bring patients to the practice.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.

Good



# Summary of findings

- It had told vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

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

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

- In 2014/15 performance for mental health related indicators was above the CCG and national averages (practice 100%; CCG 94.9%; national 92.8%).
- Nationally reported data showed that outcomes for patients with dementia were good. For example, the practice's performance for dementia related indicators in 2014/15 was above the CCG and national averages (practice 100%; CCG 96.3%; national 94.5%).
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health.
- Patients could be referred to a primary care mental health nurse who attended the practice each week.
- It carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Staff had a good understanding of how to support people with mental health needs and dementia.

Good



# Summary of findings

## What people who use the service say

The national GP patient survey results published in 2015 showed the practice was performing in line with or above local and national averages. 385 survey forms were distributed and 106 were returned, representing 1.2% of the practice population.

- 75% found it easy to get through to this surgery by phone compared to a CCG average of 69% and a national average of 73%.
- 87% found the receptionists at this surgery helpful (CCG average 81%, national average 87%).
- 85% were able to get an appointment to see or speak to someone the last time they tried (CCG average 79%, national average 85%).
- 95% said the last appointment they got was convenient (CCG average 87%, national average 92%).
- 78% described their experience of making an appointment as good (CCG average 66%, national average 73%).

- 59% usually waited 15 minutes or less after their appointment time to be seen (CCG average 53%, national average 65%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received nine comment cards which were all positive about the standard of care received. Patients said staff always treated them with dignity and respect, and they felt supported in making decisions about their care and treatment.

We spoke with nine patients and six members of the patient participation group during the inspection. Most of these patients said that they were happy with the care they received and thought that staff were approachable, committed and caring.

## Areas for improvement

### Action the service SHOULD take to improve

- Ensure environmental risks relating to the practice environment are resolved promptly.
- If a decision is made to not have an automated external defibrillator (AED) on-site, undertake a formal risk assessment of not having access to an AED during practice opening hours.
- Review national guidance relating to annual basic life support training for non-clinical staff.
- Advertise that translation services are available to patients on request

# Crown Street Surgery

## 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 second CQC inspector, a GP specialist advisor, and a practice manager specialist advisor. The specialist advisors were granted the same authority to enter the registered persons' premises as the CQC inspectors. The provider had not been inspected before.

### Background to Crown Street Surgery

Crown Street Surgery provides GP led primary care services through a General Medical Services (GMS) contract to around 9,000 patients living in the surrounding areas Acton. GMS is one of the three contracting routes that have been available to enable commissioning of primary medical services). The practice is part of NHS Ealing Clinical Commissioning Group (CCG).

The practice staff comprise of six GP partners (two male and four female); two regular GP locums; a practice nurse; two health care assistants (HCA); a practice manager; a reception manager; and a team of reception/administrative staff. The practice is a training practice and currently had a foundation year two doctor working. The GPs collectively cover 40 sessions per week. The number of hours covered by the practice nurse equates to 0.75 whole time equivalent (WTE) staff and the HCAs 1.6 WTE.

The practice is located on the ground floor of a purpose built property and the premises is accessible by wheelchair. The practice is open Monday, Wednesday and Friday from 08:30 to 18:00, and Tuesday and Thursday from 08:00 to

18:30. Appointments are offered from 08:30 to 12:00, and 15:30 to 18:00. Extended hours are available on Thursday morning from 07:30 to 08:00, and Tuesday and Thursday evening from 18:30 to 19:30. Appointments can be booked in advance over the telephone, online or in person. The practice opted 'out' of providing out-of-hours services to their patients. From 08:00 to 08:30 and 18:00 to 18:30 on Monday, Wednesday and Friday, calls are diverted to an out-of-hours provider who will contact the duty GP if it is an emergency. Outside of normal opening hours patients are directed to an out-of-hours GP or the NHS 111 service.

The practice has a higher proportion of patients between the ages of 25 to 44. The number of patients aged zero to four (7.2%), aged five to 14 (12.4%) and under 18 (15.1%) is similar to the national averages (6.0%, 11.4% and 14.8% respectively). The practice has a higher percentage of older people when compared to national averages. Patients aged 75+ represent 5.6% of the practice population, and patients aged 85+ represent 1.9% (national averages are 7.6% and 2.2% respectively).

The percentage of people with a long standing health condition (48.8%) is below the national average (54%). The percentage of people with health related problems in daily life (53.9%) is above the national averages (48.8%). The average life expectancy for the CCG area is 79 years for males and 84 for females (national averages 79 and 83 respectively).

The service is registered with the Care Quality Commission to provide the regulated activities of diagnostic and screening procedures; treatment of disease, disorder and injury; family planning services; maternity and midwifery services; and surgical procedures.

# Detailed findings

## Why we carried out this inspection

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

## How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 4 November 2015. During our visit we:

- Spoke with a range of staff including: two GP partners; a foundation year two doctor; a practice nurse; a health care assistant; the practice manager; the reception manager; and two receptionists / administrators.
- Spoke with nine patients who used the service.
- Spoke with six members of the patient participation group.
- Spoke with the community matron for the service.
- Observed how people were being cared for and talked with carers and/or family members.

- Reviewed the personal care or treatment records of patients.
- Reviewed nine comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, an incident involved the incorrect labelling of a specimen sample due to the label being printed prior to the appointment and accidentally used for a different patient. As a result of the incident the practice now ensured that specimen request forms would not be printed prior to the appointment starting and the patient arriving.

When there are unintended or unexpected safety incidents, people received reasonable support, truthful information, a verbal or written apology and were told about any actions to improve processes to prevent the same thing happening again.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There were lead members of staff for safeguarding children and vulnerable adults. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level 3.
- Notices in consultation rooms advised patients that a chaperone service was available. Clinical staff and two

non-clinical staff acted as chaperones and were trained for the role. They had received a disclosure and barring service check (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).

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead and kept up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. For example, cleaning equipment was now stored to minimise the risks of cross contamination.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccinations.
- We reviewed four personnel files and found that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the disclosure and barring service (DBS) for clinical staff. Risk assessments had been carried out for non-clinical staff to identify if they required a DBS check, for example, those who carried out chaperone duties had received a DBS check.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. The practice

## Are services safe?

manager was the health and safety representative for the practice. There was a health and safety policy available and information was displayed for staff. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health, infection control and legionella. The practice had ongoing issues with water leaks from the properties above the practice and this was included in their risk assessment of the building. During our visit the waiting area had a leak from the ceiling. We noted that the practice had logged this risk with the landlord, however the issue had yet to be resolved.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

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

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All clinical staff received annual basic life support training, however we found that non-clinical staff had not received updated training since March 2012 and new staff had not received any training. During our visit the practice made arrangements for all non-clinical staff to undergo basic life support training.
- Emergency equipment was available including access to medical oxygen. The pharmacy next door to the practice had an automated external defibrillator (AED) and we were told the practice had an arrangement whereby they could use the AED in an emergency. However, the pharmacy opening times did not fully coincide with the practice's opening hours and the practice had not risk assessed the impact of this.
- 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 fit for use.
- The practice had a business continuity plan in place for emergencies and major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. We were told that the business continuity plan had been used during a recent major incident which occurred outside of the practice but prevented access to the premises.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.
- Clinical staff told us they attended monthly educational meetings where national and local guidelines were monitored and discussed. Learning was then shared with the practice team.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 95.2% of the total number of points available, with 9% exception reporting. The practice's performance was similar to the clinical commission group (CCG) and national averages of 95.3% and 93.5% respectively. Data from 2014/15 showed;

- Performance for diabetes related indicators was similar to the CCG average and below the national average (practice 84.9%; CCG 85.6%; national 89.2%). Examples of the practice's performance included patients with diabetes who had a blood pressure reading in the preceding 12 months of 150/90 mmHg or less (practice 89.8%, CCG 89.8%, national 91.4%); and patients with diabetes with a record of a foot examination and risk classification within the last 12 months (practice 91.4%, CCG 88.6%, national 88.3%).
- Performance for hypertension related indicators was above the CCG and national averages (practice 100%; CCG 97%; national 97.8%). Examples of the practice's performance included patients with hypertension who had a blood pressure reading in the preceding nine months of 150/90 mmHg or less (practice 84.4%, CCG 82.2%, national 83.6%).

- Performance for mental health related indicators was above the CCG and national averages (practice 100%; CCG 94.9%; national 92.8%). Examples of the practice's performance included patients with schizophrenia, bipolar affective disorder and other psychoses, who had a comprehensive care plan documented (practice 91.7%, CCG 90.9%, national 88.3%); and patients with schizophrenia, bipolar affective disorder and other psychoses, who have a record of alcohol consumption in the preceding 12 months (practice 93%, CCG 92.6%, national 89.5%).
- Performance for dementia related indicators was above the CCG and national averages (practice 100%; CCG 96.3%; national 94.5%). Examples of the practice's performance included patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months (practice 92.6%, CCG 87.9%, national 84%).

Clinical audits were carried out to demonstrate quality improvement.

- We were shown three clinical audits completed in the last two years, two of these were completed audits where the improvements made were implemented and monitored. We reviewed an audit which looked at children referred for an outpatient appointment at the hospital or a community clinic, who failed to attend or cancelled their appointment prior to the appointment taking place. The initial audit took place in January 2015, and a re-audit took place in October 2015. The initial audit identified three out of 20 patient records where no outcome had been identified in the notes. The practice took action by putting in place a policy which contained details of how to follow-up children and young adults who 'did not attend' (DNA) appointments they were referred for. This included reviewing all DNAs for children under 18, considering if there were safeguarding concerns, coding the DNA within the patient record, contacting the patient/parent/guardian, and discussing the case with the health visitor or school nurse if there were safeguarding concerns and the patient could not be contacted. The re-audit identified seven out of 44 patient records where no follow-up was documented by the practice. The practice identified there were improvements to make, such as ensuring all new locums were aware of the procedures, and they planned to re-audit the following year.



# Are services effective?

## (for example, treatment is effective)

- The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research. For example, we saw evidence that the practice were adhering to guidance for prescribing.

### Effective staffing

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

- There was a skill mix among the doctors and nurses with some having additional diplomas in diabetes, family planning, obstetrics and gynaecology, and asthma.
- The practice had an induction programme for newly appointed members of staff that covered such topics as health and safety and information governance.
- As the practice was a training practice, doctors who were training to be qualified as GPs were offered extended appointment times and had access to a senior GP throughout the day for support. We received positive feedback from the trainee we spoke with.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff, for example for those administering vaccinations and taking samples for the cervical screening programme.
- 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 these learning needs and to cover the scope of their work. This included training in the following areas: safeguarding children and adults, fire safety, and infection control.

### Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice received blood test results, X ray results, and letters from the local hospital including discharge summaries, out-of-hours GP services and the 111 service electronically, by post or by fax. Out-of-hours reports, 111 reports and urgent pathology results or letters were seen and actioned the same day. The GP who saw these documents and results was responsible for the action required.

- The practice shared relevant information with other services in a timely way, for example when referring people to other services.
- Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings, attended by district nurses and the community matron, took place on a monthly basis and that care plans were routinely reviewed and updated.

### Consent to care and treatment

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

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

### Health promotion and prevention

The practice identified patients who may be in need of extra support.

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service. For example, patients who smoked could be referred to a local smoking cessation service.
- We were told patients with an elevated body mass index (BMI) were monitored by the nurse on a monthly basis so that their weight and diet could be reviewed. Patients could also be referred to a health trainer for exercise advice, and for bariatric surgery if they met the criteria for this.

The practice's uptake for the cervical screening programme was 77.9%, which was similar to the CCG average of 78.3%

## Are services effective? (for example, treatment is effective)

and below the national average of 81.8%. The practice encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Practice data showed that 47% of eligible patients had undergone bowel cancer screening in the last 12 months.

Childhood immunisation rates for the vaccinations given were in line with the CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 84.8% to 96.6% (CCG 83.3% to 93.6%), and five year olds from 78.3% to 92.5% (CCG 69.7% to 93.8%). The nurses monitored and followed up children who had not attended for their vaccinations. Flu vaccination rates for the over 65s were 65.04%, and at risk groups 40.85%. These were below the national averages (73.2% and 52.3% respectively). The practice told us that

patients may be having flu vaccinations at other locations without informing the practice, and that staff were now opportunistically asking patients this information so that the patient's records could be updated.

Patients had access to appropriate health assessments and checks. These included new patient health checks, which were booked with a nurse or health care assistant. Elderly patients with complex medications were booked in with a GP. The practice also offered NHS health checks for people aged 40–74. Data showed that 11% of eligible patients had received an NHS health check in the last year, and 73% in the last five years. Appropriate follow-ups on the outcomes of health assessments and checks were made where abnormalities or risk factors were identified, and patients were directed to a GP when issues were identified.

# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

We observed that members of staff were courteous and helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

The nine patients and six members of the patient participation group (PPG) provided mostly positive feedback about the service experienced. Patients said they felt the practice offered a good service and clinical staff were helpful, caring and treated them with dignity and respect. The nine comment cards we reviewed highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey 2015 showed patients rated the practice similar to or above the local and national averages when asked questions about how they were treated, and if this was with compassion, dignity and respect. For example:

- 87% said the GP was good at listening to them compared to the CCG average of 84% and national average of 89%.
- 86% said the GP gave them enough time compared to the CCG average of 80% and national average of 87%.
- 93% said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and national average of 95%.
- 85% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 79% and national average of 85%.
- 94% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 83% and national average of 90%.

- 87% said they found the receptionists at the practice helpful compared to the CCG average of 81% and national average of 87%.

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

Most patients told us that 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 on the comment cards we received was also positive and aligned with these views.

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 above the local average and in line with the national averages. For example:

- 87% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 81% and national average of 86%.
- 85% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 75% and national average of 81%.

Staff told us that translation services were available for patients who did not have English as a first language. However, we did not see notices informing patients this service was available. The electronic check-in system had options for patients to view the information in a variety of languages.

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

The practice's computer system alerted GPs if a patient was also a carer and they were supported. For example, carers were offered the flu vaccination and referral to support services. There was a designated member of staff who was the 'carer's champion' and they supported carers and acted as a key contact for carer information for the practice. There was a carer's protocol and information was available in the waiting area to ensure carers understood the various avenues of support available to them.

We were told that if a patient had passed away their records were updated immediately. Staff told us that if families had suffered a bereavement, a GP or the practice

## Are services caring?

manager who was a trained bereavement counsellor, would contact them to provide support and offer advice on services available to them. For example, patients could be referred to a bereavement counselling service.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice hosted a community diabetic service led by a consultant, specialist nurse and dietician, and they were planning on implementing a similar service for cardiology.

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

- The practice offered a 'Commuter's Clinic' on Thursday morning from 7:30 to 08:00, and on Tuesday and Thursday evening until 19.30 for working patients who could not attend during normal opening hours.
- Longer appointments were available for vulnerable patients, those with multiple conditions, and for patients with complex mental health issues.
- Home visits were available for older patients, those who were housebound, and patients who would benefit from these. The practice also utilised a community bus service which would bring patients who might otherwise need a home visit to the practice.
- Urgent appointments were available the same day for emergencies cases.
- Translation services were available. The electronic check-in system had options for patients to view the information in a variety of languages.
- Patients could access a male or female GP.
- Accessible toilets were available.
- Staff told us they tried to be flexible by avoiding booking appointments at busy times for people experiencing poor mental health or who may find this stressful.
- Patients with mental health conditions could be referred to a primary care mental health nurse who attended the practice each week.
- The practice ran a weekly paediatric phlebotomy clinic for children under 16.
- Patients could attend the practice to have a blood test (international normalisation ratio [INR]) which measured how well their anticoagulation medication was working.

- The practice looked after patients from three residential care homes. We were told the GPs visited residents every six months for a review, or sooner if required.

### Access to the service

The practice was located on the ground floor of a purpose built property and the premises was accessible by wheelchair. The practice was open Monday, Wednesday and Friday from 08:30 to 18:00, and Tuesday and Thursday from 08:00 to 18:30. Appointments were offered from 08:30 to 12:00, and 15:30 to 18:00. Extended hours were available on Thursday morning from 07:30 to 08:00, and Tuesday and Thursday evening from 18:30 to 19:30. Appointments could be booked in advance over the telephone, online or in person. The practice opted 'out' of providing out-of-hours services to their patients. From 08:00 to 08:30 and 18:00 to 18:30 on Monday, Wednesday and Friday, calls were diverted to an out-of-hours provider who could contact the duty GP if it was an emergency. Outside of normal opening hours patients were directed to an out-of-hours GP or the NHS 111 service.

Results from the national GP patient survey 2015 showed that patients' satisfaction with how they could access care and treatment was above the local average and comparable to national averages.

- 77% of patients were satisfied with the practice's opening hours compared to the CCG average of 71% and national average of 75%.
- 75% of patients said they found it easy to get through to the surgery by phone compared to the CCG average of 69% and national average of 73%.
- 78% of patients described their experience of making an appointment as good compared to the CCG average of 66% and national average of 73%.
- 59% of patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 53% and national average of 65%.

Most of the patients we spoke with were satisfied with the appointments system and said it was easy to use and they could get an appointment when they needed one. Patients confirmed that they could usually see a doctor on the same day and were aware that this might not be with the GP of their choice and that there was usually a wait to be seen. Comment cards we reviewed aligned with these views.

### Listening and learning from concerns and complaints

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

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

We saw information was available to help patients understand the complaints system. The complaints process had been translated into three different languages, to reflect the most common languages spoken by the practice population, and was on display in the waiting room. Information was also available on the practice website.

Most patients we spoke with were not aware of the process to follow if they wished to make a complaint, however they told us they felt comfortable requesting the information from staff. Patients who told us they had made a complaint said it was dealt with to their satisfaction.

The practice received four complaints in 2015 (to date), a decrease from 24 complaints in 2014. We reviewed three of these and found they were satisfactorily handled and dealt with in a timely way. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. For example, the practice had received complaints about agency staff that carried out a phlebotomy service at the practice. The practice found the service unreliable and unsafe and as a result the service was stopped. Practice patients could still access a phlebotomy service via another agency who visited the practice once a week. We also noted that some complaints were treated as significant events and reviewed at practice meetings so that lessons learned were shared with the wider team.

# 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. There were business objectives for the next two years, and a mission statement

which reflected the practice's vision and values. Staff we spoke with knew and understood the practice's vision and what their responsibilities were in relation to these.

### Governance arrangements

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

- The partners rotated being the 'managing partner' so that they each had an understanding of the business and there was shared responsibility.
- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- There was a comprehensive understanding of the performance of the practice. Data from the Quality and Outcomes Framework (QOF) was used to measure the practice performance and clinicians were allocated a particular QOF domain to monitor and lead on. Data from the QOF showed the practice had achieved 95.6% of the total number of points available in 2013/14, and 95.2% in 2014/15. This was in line with the clinical commissioning group and national averages.
- Clinical audits were used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions

### Leadership, openness and transparency

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The partners were visible in the practice and staff told us that they were approachable and took the time to listen to all members of staff.

The provider was aware of and complied with the requirements of the Duty of Candour. The partners and practice manager encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.

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

- Staff told us that the practice held weekly clinical meetings, ad-hoc reception team meetings, monthly multi-disciplinary team meetings, and biannual practice meetings, and we reviewed the minutes to these meetings.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings, were confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported by the partners and managers in the practice. All staff were involved in discussions about how to run and develop the practice, and the management encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- It had gathered feedback from patients through the patient participation group (PPG), practice surveys, and complaints and compliments received. The PPG met twice a year and had a regular group of 12-15 members. The practice manager consulted with the group at various times during the year. We received feedback from six members of the PPG who spoke positively about the service. They told us the PPG were involved in decisions and contributed to how the practice made changes in response to patient feedback. For example, actions taken by the practice included: upgrading the telephone system to include call queueing; improving the décor of some consulting rooms; and improving the display of information within the waiting area.
- Results from the friends and family test in August 2015 showed that 29 respondents (82%) were 'extremely likely' or 'likely' to recommend the practice, two (6%) were 'neither likely nor unlikely' to, and one (3%) was

# Are services well-led?

Good 

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

unlikely to. Three (9%) respondents reported 'don't know'. Results from September 2015 showed that 44 (88%) respondents were 'extremely likely' to recommend the practice, two (4%) were 'neither likely nor unlikely' to, and one (2%) was unlikely to. Three (6%) respondents reported 'don't know'.

- The practice gathered feedback from staff generally through staff meetings, appraisals and discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.