

Moorfield Road Health Centre

Quality Report

2 Moorfield Road
Enfield
Middlesex
EN3 5PS

Tel: 020 8804 1522

Website: www.moorfieldroadhealthcentre.nhs.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	Requires improvement	
Are services safe?	Requires improvement	
Are services effective?	Requires improvement	
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 Moorfield Road Health Centre on 22 June 2016. Overall the practice is rated as Requires Improvement.

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

- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Effective care plans were not in place for those at risk of unplanned admission/readmission to hospital.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- The practice had not attended a multi-disciplinary meeting with other health care professionals during the last nine months.
- Information about services and how to complain was available and easy to understand.
- The practice had not recently conducted a fire drill and there was no information for patients regarding what to do in the event of a fire.

- There was little evidence of quality improvement for patients through clinical audits
- There was a leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- Staff received ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. However, not all staff had received an appraisal within the last 12 months.

The areas where the provider must make improvement are:

- Ensure there are processes for identifying where improvements in clinical care can be made and monitored; including regular two-cycle clinical audits
- Establish regular fire drills and to make efforts to ensure that patients are aware of what to do in the event of a fire.

The areas where the provider should make improvement are:

Summary of findings

- Ensure care plans are updated and relevant to patient requirements.
- To engage with patients and local community to encourage higher uptake of childhood vaccinations.

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 requires improvement for providing safe services.

- There was a 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 things went wrong patients received reasonable support, truthful information, and an apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice did conduct regular fire drills and there was no signage within the practice advising patients what to do in the event of a fire.
- The practice had defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Care plans for those at risk of unplanned or readmission to hospital were not completed fully.

Requires improvement



Are services effective?

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

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were below the national averages.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- The clinical audits conducted by the practice could not demonstrate quality improvement.
- Not all staff at the practice had received an appraisal in the last 12 months
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs. However, the practice attendance at multi-disciplinary meeting was infrequent.

Requires improvement



Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

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

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- Information regarding practice facilities and services were detailed on the practice website which gave users the option to translate pages into a language 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 the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

- The practice had a vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a 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.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.

Good



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 provider was rated as requires improvement for safe and effective. The issues identified as requiring improvement overall affected all patients including this population group.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Longer appointments and home visits were available when needed.
- Over 75's health check offered to patients within this population group.

Requires improvement



People with long term conditions

The provider was rated as requires improvement for providing safe and effective services. The issues identified as requiring improvement overall affected all patients including this population group.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The Quality Outcomes Framework (QOF) recorded the practice as scoring lower than the national average on all of the five diabetes indicators.
- Longer appointments and home visits were available when needed.
- Patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Requires improvement



Families, children and young people

The provider was rated as requires improvement for providing safe and effective services. The issues identified as requiring improvement overall affected all patients including this population group.

Requires improvement



Summary of findings

- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- 70% of women aged 25-64 notes record that a cervical screening test has been performed in the preceding 5 years which is below the national average of 74%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Working age people (including those recently retired and students)

The provider was rated as requires improvement for providing safe and effective services. The issues identified as requiring improvement overall affected all patients including this population group.

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice offered telephone consultations daily.

Requires improvement



People whose circumstances may make them vulnerable

The provider was rated as requires improvement for providing safe and effective services. The issues identified as requiring improvement overall affected all patients including this population group.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Requires improvement



Summary of findings

People experiencing poor mental health (including people with dementia)

The provider was rated as requires improvement for providing safe and effective services. The issues identified as requiring improvement overall affected all patients including this population group.

- 60% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which is lower than the national average of 84%.
- 50% of patients with schizophrenia, bipolar effective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months, which is below the national average of 89%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Requires improvement



Summary of findings

What people who use the service say

The National GP Patient Survey results were published in January 2016. The results showed the practice was performing in line with local and national averages. Three hundred and eight survey forms were distributed and 98 were returned. This represented 2% of the practice's patient list.

- 83% of patients found it easy to get through to this practice by phone which is higher than the national average of 73%.
- 66% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 81% of patients described the overall experience of this GP practice as good compared to the national average of 85%.

- 82% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 2 comment cards, one of which was positive about the standard of care received.

We spoke with two patients during the inspection. Both patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. The Friends and Family Test undertaken by the practice during December 2015 - May 2016 revealed that 24 out of 28 patients would recommend the practice.

Moorfield Road Health Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP Specialist Adviser and a Practice Manager Adviser.

Background to Moorfield Road Health Centre

Moorfield Road Health Centre is located within a residential area of the London Borough of Enfield. The practice is located in premises shared with other healthcare professionals. There is on street parking in front of the surgery, a parking bay for disabled patients, as well as on street parking on the roads nearest to the practice. There are bus stops located approximately five minutes' walk from the practice.

The practice operates from:

2 Moorfield Road

Enfield

Middlesex

EN3 5TU

There are approximately 4200 patients registered at the practice. Statistics shows high income deprivation among the registered population. The registered population is slightly higher than the national average for those aged between 0-19. Patients registered at the practice come from a variety of backgrounds including Asian, European and African Caribbean.

Care and treatment is delivered by three GPs (two male and one female) including one partner and two salaried GPs who conduct 23 clinical sessions weekly. The nursing team consists of one locum practice nurse (female). One administrative and two receptionists work at the practice and are led by a Practice Manager.

The practice is open from the following times:-

- 8:00am - 7:00pm (Monday)
- 8:00am - 8:00pm (Tuesday)
- 8:00am - 6:30pm (Wednesday, Thursday, Friday)

Clinical sessions are run during the following times:-

- 9:00am - 12:00pm and 3:00pm to 7:00pm (Monday)
- 9:00am - 12:00pm and 4:00pm to 8:00pm (Tuesday)
- 9:00am - 12:00pm and 4:00pm to 6:30pm (Wednesdays, Thursday)
- 9:00am - 12:00pm and 2:30pm to 6:30pm (Friday)

An extended hours surgery is conducted on Monday and Tuesday evening. Patients can book appointments in person, by telephone and online via the practice website.

Patients requiring a GP outside of practice opening hours are advised to contact the NHS GP out of hours service on telephone number 111.

The practice has a General Medical Services (GMS) contract and conducts the following regulated activities:-

- Diagnostic and screening procedures
- Treatment of disease, disorder or injury
- Maternity and midwifery services

Enfield Clinical Commissioning Group (CCG) is the practice's commissioning body.

Moorfield Road Health Centre was inspected under the previous inspection system. At that time, the surgery was not provided with a rating, but our inspection at that time highlighted issues including the lack of audit systems in

Detailed findings

place to assess and manage risks to the health and welfare of people who used the surgery, that staff lacked clear sense of leadership, there was a lack of effective systems in place to reduce the risk and spread of infection and that recruitment checks were not in place to ensure staff working at the practice were properly vetted to ensure the protection of people using the service.

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 we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 22 June 2016. During our visit we:

- Spoke with a range of staff (GP's Practice Nurse, Practice Manager and Reception staff) and spoke with patients who used the service.

- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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 a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, a discussion at one staff meeting looked at how best to meet patient expectations following a number of negative reviews placed on the website NHS Choices. The outcome of the discussion was that all staff need to explain clearly to patients what choices are available to them, especially with regards to making appointments and the services available at the practice.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. 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 on safeguarding children and vulnerable adults relevant to their role. GPs were trained to safeguarding level 3 and the practice nurse was trained to safeguarding level 2. Non-clinical staff were trained to either safeguarding level 1 or 2.

- A notice in the waiting room advised patients that chaperones were available if required. Not all staff who acted as chaperones had received a Disclosure and Barring Service (DBS) check and the provider had not assessed the risk associated with this. (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 lead GP was the infection control clinical lead. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken with the most recent audit conducted in December 2015.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken on all files 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 had been conducted on the files of clinical staff.

Monitoring risks to patients

Risks to patients were assessed and managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice did not have an up to date fire risk assessment or carried out regular fire drills. We

Are services safe?

were informed that the practice had been in contact with the property services company responsible for the building where the practice resides to arrange a fire drill, but have not been given an assurance from the company that a fire drill will be arranged. On the day of inspection, we did not see any evidence to support this. The practice did not have a fire warden and there was no signage within the practice advising patients what to do in the event of a fire. We were informed by the practice that staff knew that in the event of a fire, to check all rooms in the practice and escort patients to a place of safety outside the building.

- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. The practice currently uses two regular locum doctors and a locum practice nurse to ensure that are enough clinical staff on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had business continuity plan in place for major incidents such as power failure or building damage, however this plan was not stored off site. The practice had a local arrangement with another local practice to be able to access essential electronic records in the event of not being able gain access to the practice.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 71% of the total number of points available with an Exception Reporting rate of 2%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

Although this practice was an outlier for QOF (or other national) clinical targets. Data from 2014/2015 showed:

- Performance for diabetes related indicators was below the national average. For example, the percentage of patients with diabetes, on the register, who have had an influenza vaccination in the preceding 1 April to 31 March was 87% compared to the national average of 94%.
- Performance for mental health related indicators was below the national average. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in their records, in the preceding 12 months was 54% compared to the national average of 88%.

There was little evidence of quality improvement including clinical audits.

- There had been two one-cycle clinical audits completed in the last two years. One of the audits focused on the

review of patients at high risk of having a stroke, to see whether they were being prescribed appropriate anti blood clotting medicine. The second audit focused on patients prescribed Lithium to ascertain whether patients were being reviewed regularly. The practice had not conducted a second audit based on the findings of the first audits, and therefore could not show evidence of quality improvements for patients in these areas.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, we saw a record of the training undertaken by the practice nurses so that they were up-to-date with clinical knowledge for taking samples for cervical screening testing.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice nurse meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs.
- Staff received training that included: safeguarding, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

Are services effective?

(for example, treatment is effective)

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. On the day of inspection, it was noted that care plans for specific patients at risk of admission to hospital had not been completed with all the required details. In particular, we noted that some care plans for end of life patients did not have patient specific information listed. When we asked the practice why these plans had not been completed comprehensively, the practice informed us that they had some issues with the transference of information their previous computer database to their current database which meant that some information had been lost during this process. The practice said that they were updating records when they had been identified with missing information.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. However, the practice had not attended a multi-disciplinary meeting with other health care professionals during the last nine months.

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.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- Smoking cessation advice was available from a local support group.

The practice's uptake for the cervical screening programme was 75%, which was lower than the CCG average of 81% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. Opportunistic cervical screening was also undertaken. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccines given were higher in one category and lower in the other than the CCG averages. For example, childhood immunisation rates for the vaccines given to under two year olds ranged from 27% to 46% and five year olds from 65% to 92% in comparison to the CCG averages which ranged from 58% to 80% for under two year olds and from 64% to 86%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

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

One of the two Care Quality Commission comment cards we received was positive about the service experience, but the other was unhappy regarding the level of service they had received from the practice. Patients we spoke with said they felt the practice offered a very good service and staff were helpful, caring and treated them with dignity and respect.

We spoke with two members of the Patient Participation Group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice results were comparable to the Clinical Commissioning Group (CCG) and national averages for its satisfaction scores on consultations with GPs. For example:

- 90% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 84% and the national average of 89%.
- 86% of patients said the GP gave them enough time compared to the CCG average of 81% and the national average of 87%.
- 94% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and the national average of 95%.

- 85% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 81% and the national average of 85%.
- 84% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 85% and the national average of 91%.
- 87% of patients said they found the receptionists at the practice helpful compared to the CCG average of 84% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

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 comparable with local and national averages. For example:

- 86% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 82% and the national average of 86%.
- 83% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 76% national average of 82%.
- 82% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 79% and the national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.
- Several members of staff spoke a second language.

Patient and carer support to cope emotionally with care and treatment

Are services caring?

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 68 patients as carers, which is approximately 2% of the practice list. Written information was available to direct carers to the various avenues of support available to them.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- The practice offered extended hours surgery on a Monday and Tuesday evenings between the hours of 6:30pm and 8:00pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability and those with multiple conditions.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS. Patients requiring those only available privately were referred to other clinics.
- There were disabled facilities and translation services available.
- Telephone consultations were available daily between the hours of 12pm to 1pm.

Access to the service

The practice was open between 8:00am and 6:30pm, with the exception of Mondays when the surgery opened to 7:00pm and Tuesday when the surgery opened to 8:00pm for extended hours surgery. Appointment times are as follows:-

- 9:00am - 12:00pm and 3:00pm to 7:00pm (Monday)
- 9:00am - 12:00pm and 4:00pm to 8:00pm (Tuesday)
- 9:00am - 12:00pm and 4:00pm to 6:30pm (Wednesdays, Thursday)
- 9:00am - 12:00pm and 2:30pm to 6:30pm (Friday)

In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent same day appointments were also available for people that needed them.

Results from the National GP Patient Survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages.

- 77% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and the national average of 78%.
- 83% of patients said they could get through easily to the practice by phone compared to the CCG average of 67% and the national average of 73%.

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

The practice had a system in place to assess:

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

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. The practice had posters on the wall and at reception informing patients what they should do if they wanted to make a complaint. This information was also available on the practice website.

We looked at three of the six complaints received by the practice in the last 12 months and found that these complaints were dealt with in a timely way and that there was transparency in all communications with the complainant. Lessons were learnt from individual concerns and complaints. For example, following a complaint received by the practice from a patient regarding the lack of support given by the reception staff when attempting to access services at the practice. The complainant stated that they had come into the practice and believed that they

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

had been treated unfairly by the receptionist. The Practice Manager held discussions with reception staff on duty on the day of the complaint, who believed that the problem the patient had was not that staff were rude but that they were unhappy to be given an appointment with a locum doctor as the patients' usual doctor was unavailable.

Following on from the complaint, the practice manager held training with staff with a view to improving communications with patients who are unfamiliar with practice procedures such as booking appointments as well as how to manage patient expectations effectively.

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.

- The practice had a mission statement and staff knew and understood the values.
- The practice had an effective strategy and supporting business plans which were regularly monitored.

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:

- 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 were some arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. For example, a risk assessment of the premises where the practice is located had been conducted in January 2016. A action plan was put in place to address issues identified as a result of this assessment.

Leadership and culture

The practice told us they prioritised safe, quality and compassionate care tailored to patient needs. Staff told us the lead GP and all other GP's at the practice were approachable and always took the time to listen to all members of staff.

The practice was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with

patients about notifiable safety incidents. The practice encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

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

- Staff told us the practice held team meetings as well as informal ad-hoc meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the GP's at the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged feedback from patients, the public and staff.

- The practice had an active Patient Participation Group (PPG) which met regularly and the group submitted suggestions for improvements to the practice management team. For example, the PPG requested the introduction of telephone consultations for patients who circumstances made it difficult to attend the surgery.
- The practice gathered feedback from staff through staff meetings and ad-hoc 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.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 17 HSCA (RA) Regulations 2014 Good governance
Maternity and midwifery services	The practice did not have systems in place to conduct regular fire drills. In addition, the practice did not have signs advising patients what to do in the event of a fire.
Treatment of disease, disorder or injury	