

Petersfield 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 Petersfield Surgery on 18 January 2017. 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.
- The practice annually reviewed all significant events and complaints to identify trends and ensure systems are in place to limit the opportunity for reoccurrence.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- 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. Improvements were made to the quality of care as a result of complaints and concerns.
- 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.
- The practice did not restrict the number of issues patients could raise in one appointment.
- Patients that walked in without an appointment were seen on the same day. The practice operated a policy that no patient would be turned away without being seen.
- 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.

The areas where the provider should make improvement are:

- Ensure its own policy in relation to recording the use of chaperones in patients' notes is adhered to.

Summary of findings

- Monitor higher than average exception reporting rates for patients with diabetes and mental health concerns.
- Review the two-week referral process to ensure the revised procedure provides an sufficient failsafe to identify missed referrals.

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.

Good



- 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 things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- The practice did not always record in patients' notes that a chaperone had been offered or used, in line with its own policy.
- Risks to patients were assessed and well managed.
- The practice had a comprehensive health and safety handbook for staff advising them of the correct protocol for managing risks identified within the practice.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average. However, exception reporting rates were higher than average in some diabetes and mental health indicators.
- 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 other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.

Summary of findings

- 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.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- 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.
- 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.
- The practice provided a number of complimentary medicines including acupuncture and hypnotherapy.
- A walk in phlebotomy service was available two days a week; patients could so request a home phlebotomy visit.
- The practice offered an optional three minute appointment service during extremely busy periods or during an epidemic.

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had 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.

Good



Summary of findings

- 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
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels. The practice demonstrated a commitment to the health and wellbeing of its staff and had supported both professionally and personally.

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 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.
- The practice provided a support pack for all patients over the age of 75.
- The Practice invited all patients over 75 years to attend a 30 minute Health Check which included a blood test, full health check and advice regarding diet, nutrients, exercise and available benefits they may be able to claim.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was better than the national average. For example, the percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2015 to 31/03/2016) was 91% compared to the CCG average of 78% and national average of 78%. However, the exception reporting rate 15% compared to the CCG and national average of 9%.
- Longer appointments and home visits were available when needed.
- All these 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.

Good



Families, children and young people

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

Good



Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

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 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 extended hours to support those could not attend appointments during standard working hours.
- The practice developed an app which allowed patients to book appointments and gain information about the services provided by the practice.

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 homeless people, travellers, those over 75 years of age living alone and 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.

Good



Summary of findings

- 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.
- Patients who were considered vulnerable were given same day priority appointments.
- The practice had identified 1.5% of its patient list were carers.

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).

- 96% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which is higher than the national average of 84%. The practice had exception reported 4% compared to the national average of 7%.
- 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 a designated dementia support lead who was responsible for overseeing the treatment of all diagnosed patients.
- The practice 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.
- 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.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



Petersfield Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Inspection Manager; the team included a GP specialist adviser and a second CQC inspector.

Background to Petersfield Surgery

The practice is based in a converted residential property in Petersfield Avenue, Harold Hill, Romford, Essex, RM3 9PD. The practice has parking spaces available and street parking was unrestricted. There is a bus stop within a few minutes' walk of the practice and a train station approximately 15 minutes walking distance away.

Petersfield Surgery is one of a number of GP practices commissioned by Havering Clinical Commissioning Group (CCG). It has a practice list of around 6800 registered patients. Havering is in the third least deprived decile out of 10 on the deprivation scale. The practice has a significantly higher percentage of unemployed patients (17%) compared to the local average of 4% and national average of 5%.

The practice staff includes two GP Partners (one male and one female) providing eight sessions a week, three salaried GPs (two male and one female) providing 21 sessions a week. The practice currently has four GP registrars. The nursing team consists of one practice nurse, one nurse Independent Prescriber and one trainee practice nurse who complete a total of 65 hours per week. The clinical

team are supported by one healthcare assistant and two phlebotomists. The administration team include a full time practice manager, an assistant practice manager and a team of 12 reception/administrative staff.

The practice is open during the following hours:

Monday - 8am to 6.30pm

Tuesday - 7.45am to 9.30pm

Wednesday - 8am to 6.30pm

Thursday - 8am to 2pm

Friday - 8am to 6.30pm

Appointments are available during the following hours:

Monday - 8.30am to 12pm and then from 3.15 pm to 6.00pm

Tuesday - 8.30am to 12pm and from 4pm to 9.30pm

Wednesday - 8.30am to 12pm and then from 2pm to 4.30pm

Thursday - 8.30am to 12pm

Friday - 8.30am to 12pm and then from 4pm to 6pm

The practice offered extended hours on a Tuesday evening until 9.30pm for working patients who could not attend during normal opening hours. Out of these hours, cover was provided by the local cooperative GP service.

The practice provides the following regulated activities:

- Treatment of disease, disorder or injury;
- Maternity and midwifery services;
- Family planning;
- Diagnostic and screening procedures
- 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 we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 18 January 2017. During our visit we:

- Spoke with a range of staff including GPs, practice nurse, practice manager and admin team and 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. In addition staff could complete the form and escalate directly to the partners. The lead partner was responsible for investigating clinical concerns and the practice manager was responsible for non-clinical incidents. 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.
- The practice carried out an annual review of all recorded significant events. The last annual review was conducted in June 2016 which was discussed with all practice staff to share learning and identify improvements. All significant events were reported to the National Reporting and Learning System via the online web form.

We reviewed safety records, incident reports, patient safety alerts and minutes of the monthly team meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, one of the 15 significant events recorded involved the practice losing an insurance form for a patient. The patient was informed that the document had been lost and received an apology. The patient was able to obtain another form. Learning from this incident included a recognition that all documents received from patients needed to be recorded to ensure an audit trail was maintained. We saw that processes were put in place to support this.

Overview of safety systems and processes

The practice had clearly 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. This was supported by a simplified flow chart which was designed by the practice nurse. One of the partners was the lead for safeguarding both children and 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 on safeguarding children and vulnerable adults relevant to their role. The GPs, practice nurses and the healthcare assistant were trained to child protection or child safeguarding level 3. Non-clinical staff had completed level 1 child safeguarding training. All staff members had completed Adult Safeguarding training.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). The practice policy outlined the requirement to record in patients' notes if a chaperone had been offered and when a chaperone was used. However one staff member told us that this was not always followed and sometimes this information was not recorded.
- 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 who liaised with the local infection prevention teams to keep 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.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept

Are services safe?

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. 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. We saw evidence of the benchmarking reviews for antibacterial and hypnotic prescribing which placed the practice as the lowest prescribers within the CCG.

- Blank prescription forms and pads were securely stored in lockable printers and there were systems in place to monitor their use. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. She received mentorship and support from the medical staff for this extended role.
- Patient Group Directions (PGD) had been adopted by the practice to allow nurses to administer medicines in line with legislation. (A PGD is a written instruction for the supply and/or administration of a named licensed medicine for a defined clinical condition. Their use allows a registered health care professional to administer medicines to a group of patients who fit the criteria without them necessarily seeing a prescriber). The Health Care Assistant was trained to administer vaccines and medicines against a patient specific prescription or direction (PSD) from a prescriber. (A PSD is a written instruction from a doctor for a medicine to be supplied or administered to a named patient).
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service (DBS). The practice risk assessed the need to DBS check administrative staff and we saw evidence that these assessments were undertaken for each relevant staff member who were not required to have a valid DBS check for their role.

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. There was a

health and safety policy available with a poster in the reception office and staff meeting area which identified local health and safety representatives. 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 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 (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). The Legionella risk assessment identified an action for monthly water testing and we saw evidence that this was carried out.

- The practice provided a comprehensive health and safety handbook for all staff members which included first aid, waste handling, fire procedures and dealing with violent and aggressive behaviour.
- 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 enough staff were 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. Each consultation room had a panic button which could also be used in an 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, we saw evidence that these were regularly checked to ensure all equipment was available, in date and fit for purpose. 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 agreed not to keep

Are services safe?

diclofenac sodium in the emergency medicines kit; we saw evidence that this had been risk assessed to consider the clinical effectiveness versus the side effects for patients. Diclofenac is a pain relief medicine used to treat mild to moderate pain.

The practice had an up to date comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and external service contractors. Every member of staff was given a copy of the plan which was kept off site in case the building became inaccessible.

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. All alerts were received by the practice manager who cascaded them to the relevant team members. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records. We saw an action log of all alerts which required intervention by the practice. The action log included the date the report was cascaded, who was responsible for completing the action and the date of completion. All alerts were discussed at team meetings.

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 100% of the total number of points available. The overall Exception reporting was 18.2%. (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).

The practice had higher exception reporting for patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64mmol/mol or less in the preceding 12 months at 40% compared to the CCG average of 15% and national average of 13%. (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).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 01 April 2015 to 31 March 2016 showed:

- Performance for diabetes related indicators was better than the national average. For example, the percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2015 to 31/03/2016) was 91% compared to the CCG average of 78% and national average of 78%. However the practice exception reported 14% of patients compared to the CCG and national average of 9%.
- Performance for mental health related indicators was comparable to the national average. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2015 to 31/03/2016) was 99% compared to the CCG average of 91% and national average of 89%. The practice exception reported 21% of patients compared to the CCG average of 8% and national average of 10%.

The practice exception reporting was higher than the CCG and national average, however the practice provided evidence that every patient exception reported was sufficiently managed and only exception reported when clinically appropriate to do so. The partners, practice nurse and practice manager held regular QOF meetings to review the current practice performance, identify areas for improvement and develop an action plan for continued improvement. For example the practice introduced a nurse led diabetes clinic on the weekend to improve engagement for patients with diabetes.

There was evidence of quality improvement including clinical audit.

- There had been three clinical audits carried out in the last two years, all of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, local benchmarking including prescribing to compare prescribing trends against local practices, accreditation, peer review.

Are services effective?

(for example, treatment is effective)

Findings were used by the practice to improve services. For example, the practice completed an audit on the treatment of acute conjunctivitis to review the appropriate prescribing of antibiotics. This audit was selected as improved management can lead to reduced appointments and antibiotic prescribing. The target was to have more patients treated using conservative management (including bathing eyes with clean water, lubricating eye drops) of the infection instead of being prescribed antibiotics. The first cycle identified 57 patients who had presented with acute conjunctivitis of which 65% were prescribed antibiotics, 35% were treated using conservative management. The findings were discussed amongst clinicians with key topic including the lack of evidence to support prescribing of antibiotics. Actions taken included the development of a patient advice leaflet which was made available to clinicians and patients. The second cycle identified 14 patients who had presented with acute conjunctivitis. Antibiotics were prescribed for 7% (one patient) and conservative management accounted for 93% (13 patients).

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. The programme had been tailored to the various roles within the practice such as administrative, trainee GP and locum GP. 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, for those reviewing patients with long-term conditions including asthma and diabetes.
- 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, discussion at practice meetings and engagement with peers at neighbouring practices.
- 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. All staff had received an appraisal within the last 12 months.

- The practice supported the developmental needs of staff members and funded individuals to complete training which could enhance their role. The practice supported two GPs to become trainers and the practice nurse to become an Independent Prescriber.
- Staff received training that included: safeguarding, fire safety awareness, 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

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

- This included care and risk assessments, care plans, medical records and investigation and test results. We saw evidence that the practice responded to correspondence such as test results on the same day and had an effective system to ensure the information was cascaded to the correct staff and recorded appropriately. However the practice did not have a system in place to ensure two-week cancer referrals were received by the relevant service. There was no evidence that any referrals had been missed, however best practice requires practices to be able to assure themselves that referrals have been received by the appropriate service. The practice responded immediately and introduced a policy to ensure the relevant service had received the referral form and the patients records were updated accordingly. We were provided with a copy of the policy shortly after our inspection.
- 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

Are services effective?

(for example, treatment is effective)

ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Integrated care management meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

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 including the Gillick competency and Fraser guidelines.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits. We reviewed patient records and observed that consent had been appropriately sought and recorded.

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 over 75 years of age, and patients with no fixed abode. Patients were signposted to the relevant service.

- The practice flagged the computer records of patients who required additional support when attending the practice. This alerted staff to the specific individual needs of these patients when once they presented themselves at the reception counter.

The practice's uptake for the cervical screening programme was 73% which was comparable to the CCG average of 76% 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. 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.

The practice encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The practice uptake for bowel cancer screening in the last 30 months was 48% compared to the CCG average of 57% and national average of 58%. The practice uptake for breast screening for patients aged 50-70 in the last 36 months was 72% compared to the CCG average of 74% and national average of 73%.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 80% to 88%. Immunisation rates for five year olds from 77% to 88% compared to the CCG average of 73% to 86% and national average of 88% to 94%.

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.

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection. We received 28 comment cards which were all positive about the standard of care received. The general themes were that staff were friendly and caring and respected patient dignity. Two cards stated that waiting times for appointments could be long and the clinical staff should spend more time talking to the patient instead of using the computer.

We spoke with one member of the patient participation group (PPG). They 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 was average for its satisfaction scores on consultations with GPs and nurses. For example:

- 82% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 83% and the national average of 89%.
- 79% of patients said the GP gave them enough time compared to the CCG average of 81% and the national average of 87%.

- 93% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 89% and the national average of 92%.
- 76% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 78% and the national average of 85%.
- 93% of patients said the last nurse they spoke to was good at giving them enough time compared to the CCG average of 91% and the national average of 92%.
- 89% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 88%.

Care planning and involvement in decisions about care and treatment

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

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

- 81% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 80% and the national average of 86%.
- 74% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 74% and national average of 82%.
- 93% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 91%.

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. The practice had access to a telephone translation

Are services caring?

service and interpreters were invited to the practice at the patients' request. We saw notices in the reception areas informing patients this service was available. In addition the practice team could speak seven languages including one staff member who could communicate using British Sign Language.

- Information leaflets were available in easy read format. The practice provided large A4 sized appointment cards which used extra-large font for patients with dementia.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access

a number of support groups and organisations. Information about support groups such as the Petersfield walking group was also available on the practice website and newsletter.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 1.5% of its patients as carers. The nurse team actively attempted to identify patients who were also carers and advised them to receive the flu vaccine. 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 provided in house acupuncture and physiotherapy services due to the high referral rates to secondary care and patient need. The practice was commissioned to pilot a weekend walk in service for patients within the Borough of Havering. Although, the service was subsequently de-commissioned in 2016, the practice had requested funding to continue the service based on patient demand.

- The practice offered extended hours on a Tuesday evening until 9.30pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability. These patients could request a home visit for their annual review.
- 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, vulnerable patients and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were accessible facilities and translation services available. The practice had risk assessed the need for a hearing loop at the reception counter and had deemed it unnecessary at the time. Following our inspection the practice reviewed the decision and agreed a hearing loop may be required in the future and arranged installation.
- The practice provided large A4 sized dementia friendly appointment cards to support patients with dementia.
- A walk in phlebotomy service was available on a Tuesday and Thursday for registered patients. In addition, housebound patients could request the phlebotomy team visit them at their home.
- The practice ran nurse led clinics on weekends for flu vaccines and diabetes.
- The practice ran a physiotherapy clinic once a week in the practice.

- The practice invited all over 75 year olds to attend a 30 minute health check which included a blood test, full health check and advice regarding diet, nutrients, exercise and available benefits they may be able to claim.

Access to the service

The practice was open during the following hours:

Monday - 8am to 6.30pm

Tuesday - 7.45am to 9.30pm

Wednesday - 8am to 6.30pm

Thursday - 8am to 2pm

Friday - 8am to 6.30pm

Appointments were available during the following hours:

Monday - 8.30am to 12pm and then from 3.15 pm to 6.00pm

Tuesday - 8.30am to 12pm and from 4pm to 9.30pm

Wednesday - 8.30am to 12pm and then from 2pm to 4.30pm

Thursday - 8.30am to 12pm

Friday - 8.30am to 12pm and then from 4pm to 6pm

Outside of these hours, cover was provided by the local cooperative GP service.

People told us on the day of the inspection that they were able to get appointments when they needed them. We saw evidence that urgent, nurse and phlebotomy appointments were available the same day and routine GP appointments were available within one week. In addition any patients that walked in to the practice was seen on the same day as the practice had a policy that no patients would be turned away.

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.

- 73% of patients were satisfied with the practice's opening hours compared to the CCG average of 70% national average of 76%.
- 87% of patients said they could get through easily to the practice by phone compared to the CCG average of 75% and national average of 73%.

Are services responsive to people's needs?

(for example, to feedback?)

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.

The practice designated a duty doctor each day to take responsibility for home visit requests and emergency appointments. The patient would be contacted by telephone to assess the risk. 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.

The practice policy was that telephone triage would not be used unless in an emergency as GPs believed that a face to face appointment was clinically more effective and ensured a higher chance of correct diagnosis and treatment.

The practice did not restrict the number of issues patients could raise during their consultation. One doctor was designated the duty doctor for the day and was responsible for triaging patients and seeing all walk-in patients.

The practice told us that when experiencing extremely busy periods due to staff sickness or during an epidemic it would introduce a system of three minute appointments. The 'three minute clinic' (actual appointment time was six minutes) was run from two adjoining rooms, each of which had a nurse taking the patient's history. A GP would alternate between the two rooms reviewing the patients' histories, examining and advising them for a further three minutes. Patients were given the option of a regular appointment or a three minute appointment. Patients were advised that a three minute appointment was only suitable for straightforward single problems such as blood pressures checks and urine infections but would not be used for psychological problems. The practice was invited to discuss this appointment method on a radio local station. This service was well received by patients and the practice told us they were regularly asked when this service would be made available again.

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.
- The practice manager was the designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system including a leaflet which was available in different formats for patient who needed additional assistance. The leaflet advised patients of alternative organisations to raise concerns if they were unhappy with the outcome of the complaint. These included the Parliamentary and Health Service Ombudsman, Healthwatch and the Independent Health Complaints Advocacy.

We looked at eight complaints received in the last nine months and found these were satisfactorily handled, dealt with in a timely way, open and transparent. Lessons were learnt from individual concerns and complaints as well as from analysis of trends which was discussed during team meetings. The last annual review was undertaken in December 2016 and reviewed all verbal and written complaints received in the preceding nine months. The report compared the findings to previous reports. We saw complaint trends dating back to 2011 were reviewed and evidence of actions taken as a result to improve the quality of care. For example, one complaint received highlighted concerns regarding the administration of referrals to other services. The patient received an apology and was informed of what the practice would do to improve this element of the service. The practice created guides for clinicians to ensure they were aware of the relevant care pathways in the community.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a comprehensive strategy and business development plan which outlined the changes the practice planned to make between 2016 and 2018. The plan included the succession plan following the future retirement of the current partners.

Governance arrangements

The practice had an overarching 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. The practice was actively cross training staff to ensure there was adequate cover in each role within the practice.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained. The practice had achieved a high score for QOF points, however the number the exception reporting level was higher than the CCG and national average.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were effective arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care.

They told us they prioritised safe, high quality, rewarding experience and compassionate care. Staff told us the partners were approachable, created an inclusive culture and always took the time to listen to all members of staff.

The practice invested financially and emotionally in its staff and provided additional support where required to enable them to achieve individual goals.

The provider 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 partners 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 clear leadership structure in place and staff felt supported by management.

- Staff told us the practice held monthly team meetings which all staff members were invited to attend.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. We saw evidence that the practice had financially supported a staff member through period of long term sick leave by paying until they were fit to return to work. 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. The practice nurse introduced the idea of a diabetes clinic at weekends. We saw evidence that the practice committed to staff development to ensure there is greater flexibility to cover various duties during staff absence.

Are services well-led?

Good 

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

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG discussed practice issues virtually and submitted proposals for improvements to the practice management team. For example, the PPG requested that the practice stop using a withheld number so that patients could identify who was calling them.
- We saw evidence of two patient surveys to gain feedback on additional services and weekend opening hours.
- The practice gathered feedback from patients through a practice survey on an annual basis and reviewed comments from patients on public websites.

- The practice had gathered feedback from staff through regular team meetings. 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.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example the practice ran a pilot scheme for a walk in service for patients in the local area as part of the Prime Ministers Challenge Fund. The scheme was extended for an additional 18 months due to patient demand but has since been cancelled. The practice was in negotiation with the CCG to reinstate the service. The practice developed an application for mobile phones that allowed patients to book appointments and find information on services available within the practice.