

Gordon House 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?	Requires improvement		
Are services effective?	Good		
Are services caring?	Good		
Are services responsive to people's needs?	Good		
Are services well-led?	Good		

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Gordon House Surgery on 19 October 2015. Overall the practice is rated as good.

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.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Significant events were discussed regularly at practice meetings to share learning, although a complete audit trail was lacking in some documentation.
- Risks to patients were assessed and well-managed, with the exception of those relating to medicines storage and storage of patient paper records.

- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training needs had been identified and planned.
- Patients said they felt the practice offered an excellent service and staff were kind, caring, supportive, and considerate and treated them with dignity and respect.
- Information about services and how to complain was available although some contact details were incorrect.
- Patients said they found it easy to make an appointment and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by the management team. The practice proactively sought feedback from staff and patients, which it acted on.
- The practice engaged in local pilot schemes aimed at improving services and patient care.

Summary of findings

We saw areas of outstanding practice:

- Practises put in place to raise awareness of Female Genital Mutilation (FGM).
- In-house educational meetings for patients to raise awareness of diagnosis and management of long-term conditions.

However there were areas of practice where the provider needs to make improvements.

Importantly the provider must:

- Ensure confidential patient records are stored securely.

In addition the provider should:

- Review the processes in place for the recording of significant events to ensure that a clear audit trail is in place.

- Review the processes for recording actions taken in response to safety alerts.
- Review the fire safety arrangements in place to ensure that any responsibilities required of the practice are carried out.

Review the process followed for monitoring fridge temperatures used to store medicines and vaccines to ensure a consistent approach.

- Review the arrangements in place for responding to medical emergencies to ensure that emergency equipment and medicines can be easily accessed.
- Ensure that information about making a complaint is up to date and made readily available to all patients.
- Review governance policies to ensure they reflect the correct external organisations.

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. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Significant events were discussed at quarterly review meetings to share learning with relevant staff and support improvement. However there was no consistency in the documentation or audit trail of all significant event analysis. Patients' paper records were not securely stored and were kept in an open unlockable filing system that posed a risk to unauthorised access. There were named leads for both safeguarding vulnerable children and adults and staff were aware of their responsibilities to raise concerns. The practice conducted annual infection control audits and there was evidence that they acted on results to improve standards. There was a good skill mix amongst staff and there were enough staff available to keep patients safe. The practice had access to emergency equipment and medications and staff had received appropriate training to manage medical emergencies.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services. Quality Outcome and Framework data from 2013/2014 showed patient outcomes were at or above average for the locality. Staff referred to guidance from the National Institute for Health and Care Excellence and used it routinely to plan and deliver care. The practice conducted regular CCG led and independent clinical audits to monitor services and identify areas for improvement. Staff were aware of the processes and requirements for gaining consent and had received training on the Mental Capacity Act 2005 as part of safeguarding vulnerable adults training. Staff had received training appropriate to their roles and any further training needs had been identified and appropriate training planned to meet these needs. There was evidence of appraisals and personal development plans for all staff. There were processes in place to promote good health including cervical screening, childhood immunisation and flu immunisation programmes in line with national guidance and uptake rates for these were mainly at or above local averages.

Good



Are services caring?

The practice is rated as good for providing caring services. Data from the National GP patient survey published in July 2015 showed that patients rated the practice higher than others for several aspects of care. Patients said they felt the practice offered an excellent service

Good



Summary of findings

and staff were kind, caring, supportive, and considerate and treated them with dignity and respect. Patients also felt involved in decisions about their care. Information for patients about the services available was easy to understand and accessible. We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services. It reviewed the needs of its local population and engaged with the NHS London Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. Results from the National GP patient survey published in July 2015 showed patients were generally satisfied with the overall experience of making an appointment and these results were in keeping with local and national averages. Patients said they found it easy to make an appointment and that there was continuity of care, with urgent appointments available the same day. The practice had good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available although some contact details were incorrect. There was evidence that the practice responded quickly to issues raised. Complaints were discussed at the weekly management meeting to identify areas for improvement and share learning. There was no annual review of complaints to identify themes and trends, however we were informed by management staff this was planned for the current fiscal year.

Good



Are services well-led?

The practice is rated as good for being well-led. It had a clear vision to provide an excellent, high quality health experience for all their patients. The mission statement was displayed on the practice website and in the practice information leaflet. 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 management meetings to discuss governance issues. The practice proactively sought feedback from staff and patients and there was evidence this was acted on to improve services. The practice had an active patient forum steering group who met regularly and provided feedback on developments and improvements to the virtual patient participation group (PPG). The patient steering group were involved in organising quarterly educational presentations to raise awareness of chronic conditions and local services. Staff had received inductions, regular performance reviews and attended staff meetings and events.

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 practice is rated as good for the care of older people. Patients had a named GP and where possible appointments were made with this GP to promote continuity of care. Longer appointments were available at request for patients with complex medical issues. The practice maintained a register of vulnerable patients and these had comprehensive care plans created and reviewed aimed at avoiding hospital admissions. The practice held multi-disciplinary team meetings that were attended by members of the community palliative care teams and district nurses as required to discuss and manage the needs of frail older patients. Home visits were available for patients unable to attend the practice and this included visits for warfarin monitoring and joint visits with GP and district nurses as required. The practice made regular use of the a bus transport service for older people which was a local scheme that encouraged patients to become more mobile, access local community services and avoid isolation. The practice offered flu immunisation to patients aged over 65 years of age in line with national guidance and uptake rates were in keeping with national averages.

Good



People with long term conditions

The practice is rated as good for the care of people with long-term conditions. The practice held multi-disciplinary team meetings that were attended by members of the community palliative care teams and district nurses as required to discuss and manage the needs of patients with complex chronic medical issues. Patients with long-term conditions were offered GP or nurse led annual health checks to review medication and update care plans aimed at avoiding hospital admissions. The practice held regular diabetes clinics that included appointment slots for initiation of insulin management. One of the GP partners had a specialist interest in diabetes and held in-house training sessions for staff. The practice ran quarterly educational meetings for patients to raise awareness of understanding of chronic conditions such as asthma, Chronic Obstructive Pulmonary Disease and diabetes. Quality and Outcomes Framework (QOF) data for 2013/2014 showed the practice was performing in line or above local and national averages for long-term conditions.

Good



Families, children and young people

The practice is rated as good for the care of families, children and young people. There was a named GP lead for safeguarding vulnerable children and staff were aware of their responsibilities and

Good



Summary of findings

the procedures to follow to raise concerns. In-house training was provided by the clinical safe guarding leads to all staff on topics including, Female Genital Mutilation (FGM) and child abuse. The practice collected information at new registration health checks to identify patients from communities where FGM may be practised. Urgent access to same day appointments were available for children. The practice offered routine antenatal and postnatal checks with flexible early morning and after school appointments available for patients with young children. There were nurse led baby clinics for childhood immunisations and baby checks. Appointments with the practice nurses for immunisations were also available routinely during Saturday opening hours. The practice offered GP and nurse-led family planning services including insertion and maintenance of Intra-Uterine Contraceptive Devices (IUCD). Uptake rates for childhood immunisations were mostly in keeping with CCG averages and the practice nurses had procedures to follow up patients who did not attend appointments with letters and then telephone calls.

Working age people (including those recently retired and students)

Good



The practice is rated as good for the care of working-age people (including those recently retired and students). There was the facility to book appointments and request repeat prescriptions online for patients unable to attend the practice during weekday working hours. Routine appointments could also be booked during Saturday extended opening hours including access to NHS Health Checks, immunisations, cervical screening and travel advice. The practice offered new patient registration health checks and NHS health checks and any concerns identified at these reviews were followed up by the GP.

People whose circumstances may make them vulnerable

Good



The practice is rated as good for the care of people whose circumstances may make them vulnerable. The practice had disabled facilities and a hearing loop in the reception area. There was a named GP lead for safeguarding vulnerable adults and staff were aware of their responsibilities and the procedures to follow to raise any concerns. In-house training was provided by the clinical safe guarding leads to all staff on topics including domestic violence and Female Genital Mutilation (FGM). The practice collected information at new registration health checks to identify patients from communities where FGM may be practised. The practice maintained a register of patients with learning disabilities and these patients were offered annual health checks to update and manage care plans. They had links with the community learning disability team for additional support when managing patients. One of the GP

Summary of findings

partners had a specialist interest in the management of drug and alcohol misuse problems. The practice ran weekly clinics to support patients with alcohol related problems and patients were referred to local drug and alcohol services for additional support.

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). The practice maintained a register of patients experiencing poor mental health and QOF data for 2013/2014 showed the practice was performing above or in line with local and national averages for mental health related indicators. The practice engaged in the local Shifting Settings of Care scheme that supported patients with mental health problems transitioning from secondary care to community management. The practice was visited by a mental health nurse specialist from the community mental health team who ran in house twice weekly clinics. They also provided regular training sessions for clinical and non-clinical staff to improve awareness and help identify patients with mental health related problems who may require extra support. Patients who were identified as being at risk of developing dementia were offered dementia screening with onward referral to local memory services if required.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published on July 2015 showed the practice was performing in line with local and national averages. There were 109 responses and a response rate of 29%.

- 56% find it easy to get through to this surgery by phone compared with a CCG average of 69% and a national average of 73%.
- 83% find the receptionists at this surgery helpful compared with a CCG average of 81% and a national average of 87%.
- 59% with a preferred GP usually get to see or speak to that GP compared with a CCG average of 53% and a national average of 60%.
- 90% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 79% and a national average of 85%.

- 91% say the last appointment they got was convenient compared with a CCG average of 87% and a national average of 92%.
- 73% describe their experience of making an appointment as good compared with a CCG average of 66% and a national average of 73%.
- 63% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 53% and a national average of 65%.
- 57% feel they don't normally have to wait too long to be seen compared with a CCG average of 45% and a national average of 58%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 81 comment cards which were all positive about the standard of care received. Comments received said the staff were caring, compassionate, supportive and professional. Many comment cards described the overall experience of the practice as good or excellent.

Gordon House Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, a practice nurse specialist adviser, a practice manager specialist adviser, a further CQC inspector and an Expert by Experience.

Background to Gordon House Surgery

Gordon House Surgery is a well-established GP practice located in Ealing within the London Borough of Ealing and is part of the NHS Ealing Clinical Commissioning Group (CCG) which is made up of 79 GP practices. The practice provides primary medical services to approximately 11,900 patients and holds a core General Medical Services contract. The practice is located within a purpose built health centre owned by London North West Healthcare NHS Trust whose estates department are responsible for the maintenance and management of the building. Soft facilities are contracted out to a maintenance management service. The health centre is shared with another GP practice and a range of community services including district nurses, health visitors, dieticians and audiology. The whole building is ground floor based with wheelchair access, disabled toilets and car parking facilities.

The practice team comprises of four male and three female GP partners who work a total of 33 sessions a week and one male and three female salaried GPs who work a total of 14 sessions a week. They are supported by three female practice nurses, two female health care assistants, one practice manager, one assistant practice manager, four

administration staff, two medical secretaries and ten reception staff. The practice is a training practice and hosts one male and two female trainee GP registrars who work a total of 17 sessions a week.

The practice opening hours are 8.00am to 1.00pm and 2.00pm to 6.30pm Monday to Friday. The practice is closed for lunch from 1.00pm to 2.00pm Monday to Friday. Appointments are available from 8.00am up to 1.00pm and from 2.00pm to 6.20pm. Extended hours surgeries are offered from 9.00am to 12.00pm on Saturdays. The out of hours services are provided by an alternative provider. The details of the out-of-hours service are communicated in a recorded message accessed by calling the practice when it is closed and on the practice website. The practice provides a wide range of services including diabetes management, child development clinics, family planning and well women clinics, minor surgery, anti-coagulation services and drug and alcohol misuse management. The practice also provides health promotion services including childhood immunisations, cervical screening and flu immunisation.

The age range of patients is predominately 25-49 years and the number of 25-39 years is greater than the England average.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme. This provider had not been inspected before and that was why we included them.

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. This inspection was planned to check whether the provider is meeting the legal

Detailed findings

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

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

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

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

- Older people

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

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 19 October 2015. During our visit we spoke with a range of staff including GPs, practice nurses, practice manager and administration staff and spoke with patients who used the service. We observed how people were being cared for and talked with carers and/or family members and reviewed the personal care or treatment records of patients. We reviewed comment cards where patients and members of the public shared their views and experiences of the service.

Are services safe?

Our findings

Safe track record and learning

There was an open and transparent approach and a system in place for reporting and recording significant events. People affected by significant events received a timely and sincere apology and were told about actions taken to improve care. Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system. The practice carried out reviews of recent significant events at the practice quarterly review meeting. The practice did not have a record of annual review and analysis of all significant events that had occurred each year. We were informed that this was planned for the current fiscal year when the new management team had completed a full year in post.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, following a significant event when an urgent fax received was not acted on within the same day, the practice planned to advise external organisations to follow up urgent faxes sent to the practice with a telephone call to highlight urgency and confirm receipt. Learning from this event was shared with practice staff when it was discussed at the quarterly review meeting. However, it was difficult to ascertain if action plans as a result of incidents had been completed as there was no consistency to where this was recorded. We also observed that some completed significant event forms were undated and restricted a complete audit trail.

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance. We were told that national patient safety alerts were received by the practice electronically. These were reviewed by a designated GP partner who circulated relevant alerts to the rest of the team which were then discussed at clinical team meetings. However, there was no evidence of these discussions or actions taken in the meeting minutes we reviewed.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. One of the GP partners was the lead member of staff for safeguarding vulnerable adults and one of the salaried GPs was the lead for safeguarding children. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff we spoke with demonstrated they understood their responsibilities and had undertaken safeguarding training relevant to their role, however we did not see up to date training certificates confirming this for all staff. We were told that in house based training was frequently delivered to all staff by the safeguarding lead on topics including, domestic violence, Female Genital Mutilation (FGM) and child abuse.
- A notice was displayed in the waiting room, advising patients that clinical staff would act as chaperones, if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring check (DBS). (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). However when a chaperone was used this was not documented in the patient record as specified in the practice's chaperone policy.
- There were procedures in place for monitoring and managing risks to patient and staff safety. An up to date health and safety risk assessment had been performed by the practice in June 2015. The landlord was responsible for the maintenance of the premises and carried out regular fire risk assessments and fire drills. They also conducted a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health (COSHH), infection control including tests for the control of legionella. It was noted that the practice did not conduct any formal fire risk assessments within their practice area or carry out their own fire evacuation drills. Additionally the practice did not have any staff trained as fire marshals but we were told that this was in progress. All electrical equipment was checked annually to ensure the equipment was safe to use. The practice was responsible for clinical equipment calibration however there were no records to demonstrate that

Are services safe?

these checks had been undertaken. We were advised that calibration checks were completed immediately after the inspection and were satisfactory for all clinical equipment.

- The practice kept paper and electronic patient records. Electronic records were password protected and could only be accessed by authorised staff. However, patients' paper records were not securely stored and were kept in an open unlockable filing system behind the reception area. This presented the potential for records to be accessed by unauthorised personnel. We were advised that the practice were in the process of sourcing alternative paper record storage arrangements.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. An external contractor provided cleaning services for the premises and we saw relevant cleaning schedules for clinical and non-clinical areas. However, there were no specific cleaning schedules for clinical equipment and we were told this was carried out ad hoc. One of the practice nurses 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 online, however we did not see certificates confirming this for all staff. Annual internal and external infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. We saw results of the most recent external infection control audit conducted in December 2014 and re-audit in February 2015. This showed the practice had completed all required action plans apart from two that were the responsibility of the building management team. An environmental cleaning audit was conducted monthly by the external cleaning contractor.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling and security). Regular medication audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. A stock record including expiry date of medicines stored at the

practice was maintained and checked monthly. There was a policy for management of controlled drugs and this was followed by the practice, however some clinical staff we spoke with were not clear who the accountable officer was for the destruction of expired controlled drugs. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. We were told that there was a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccinations, however we were not shown evidence to support this. There was a cold chain policy for ensuring refrigerator temperatures were monitored for vaccination storage, however, the policy was not consistently followed. For example, when the nurse or health care assistant had taken leave there was no identified staff member to ensure temperatures were checked in their absence. We saw that fridge temperatures were only recorded once a day and there was no documentation of temperature checks occurring on Saturday when the practice was open. We also observed that on the occasions that the fridge temperature had fallen outside the maximum range, actions taken had not been documented. All vaccinations stored in the fridges were in date and fit for use.

- Recruitment checks were carried out prior to staff employment however these checks were not consistent in the six staff files we reviewed. For example, appropriate checks through the Disclosure and Barring Service and employment contracts were present in all, but proof of identification, references and qualifications were only present in some staff records. There was no record of indemnity insurance cover for one member of the clinical team. We were told that references were pending for three newly appointed members of staff and that some of the staff had been working with the practice for many years. We were advised that the practice were in the process of updating all staff records to ensure that all relevant documents were in place.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. Non clinical staff had flexible roles, for example administration staff assisted with answering telephone calls during busy periods.

Are services safe?

Arrangements to deal with 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 which were checked monthly. However, we observed that there was no tubing available for the children's oxygen mask. This was brought to the attention of the management team and following the inspection we received evidence that this had been delivered the same day. There was a first aid kit and accident book available. Emergency medicines were stored

securely and staff knew of their location. However during the inspection access to emergency medicines was required by one of the GPs but the key to unlock the emergency medicines cupboard was not easily accessible. It was also noted some emergency medicines were stored in a separate location, which may cause time delays when urgent access to a specific medication is required. All the emergency medicines we checked were in date and fit for use.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment in line 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 ensure all clinical staff were kept up to date including regular discussion of new guidelines at fortnightly clinical meetings. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Current results were 98.8% of the total number of points available, with 5.9% exception reporting. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2013/2014 showed;

- Performance for diabetes related indicators was 97.1%, which was better than the CCG and national average.
- The percentage of patients with hypertension in whom the last blood pressure reading was 150/90 mmHg or less was 86.9%, which was better than the CCG and national average.
- Performance for mental health related and hypertension indicators were 99.8% and 96.4% respectively, which were better than the CCG and national average.
- The dementia diagnosis rate was comparable to the CCG and national average.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and people's outcomes. There had been four clinical audits completed in the last two years, three of which were completed audits where the improvements made were implemented and monitored. These included review of anti-coagulation prescribing in patients with atrial fibrillation, review of referral procedures

to community musculoskeletal services and CCG led review of repeat prescribing processes at the practice. The practice participated in applicable local audits, national and local benchmarking and peer review. Findings were used by the practice to improve services. For example, data from the CCG showed the practices prescribing rates for some antibiotics were higher than expected and as a result the practice reviewed their antibiotic prescribing procedures and identified an area for improvement in prescribing antibiotics for urinary tract infection. The clinical staff agreed to prescribe alternative antibiotics as first line treatment for urinary tract infection in an aim to improve their antibiotic prescribing practises.

Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as fire safety, health and safety and confidentiality.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included on-going support during sessions, one-to-one meetings, appraisals, clinical supervision and facilitation and support for the revalidation of doctors. All staff had had an appraisal within the last 12 months and all doctors were up to date with revalidation processes.
- Staff received training that included: safeguarding, fire procedures, basic life support and infection control. Staff had access to and made use of e-learning training modules and in-house training, for example in-house training delivered by the GP partners with specialist interests in clinical areas such as musculoskeletal disorders and diabetes.

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 test results. Information such as NHS patient information leaflets were also available. All relevant information was shared with

Are services effective?

(for example, treatment is effective)

other services in a timely way, for example when people were referred to other services and when information about patients receiving end of life care was shared with out of hours care providers.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan on-going care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital. The practice held monthly multi-disciplinary team meetings with the district nurses and three monthly meetings with community palliative care team and health visitors. We were told by staff that cases could be discussed as required on a daily basis with community support staff as they were based within the same building. One of the GP partners attended three monthly CCG meetings with other local practices to discuss relevant clinical cases and guidelines and any learning from these meetings were shared with the practice staff.

Consent to care and treatment

Patients' consent to care and treatment was always sought 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. Staff had received training on the Mental Capacity Act 2005 as part of safeguarding vulnerable adults training. When providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with relevant guidance. However, we did not see evidence that the process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring

advice on smoking and alcohol cessation. Patients were then signposted to the relevant service. Smoking cessation advice was available through referral to a local CCG employed smoking cessation advisor.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 77.1%, which was comparable to the CCG average of 78.6% and the national average of 81.8%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Published childhood immunisation rates for 2014/15 were mostly comparable to CCG averages for the vaccinations given at 2 years and 5 years, but were below the CCG averages for the vaccinations given at 12 months. For example, childhood immunisation rates for the vaccinations given to 12 month olds ranged from 7.9% to 53.6% compared to CCG averages of 30.6% to 85.5%. Childhood immunisation rates for the vaccinations given to five year olds ranged from 59.2% to 96% compared to CCG averages of 69.8% to 93.8%. We were told letters were sent to parents of children who were due vaccinations and one of the practice nurses would attempt by telephone to contact parents who did not respond to these letters. Appointments for immunisations could be booked during Saturday opening hours to improve access to vaccinations for patients unable to attend during weekday hours. Flu vaccination rates for the over 65s were 73.4%, and at risk groups 47.2%. These were comparable to national averages.

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

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 81 patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were kind, caring, supportive, and considerate and treated them with dignity and respect. 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 were happy with how they were treated and that this was with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with doctors and nurses. For example:

- 92% said the GP was good at listening to them compared to the CCG average of 84% and national average of 89%.
- 89% said the GP gave them enough time compared to the CCG average of 80% and national average of 87%.
- 96% said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and national average of 95%
- 88% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 79% and national average of 85%.
- 92% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 83% and national average of 90%.

- 83% patients said they found the receptionists at the practice helpful compared to the CCG average of 81% and national average of 87%.

Care planning and involvement in decisions about care and treatment

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

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

- 90% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 81% and national average of 86%.
- 84% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 75% and national average of 81%

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer and they maintained a register of all people who were carers. Written information was available for carers to ensure they understood the various avenues of support available to them. The practice had also held an educational presentation on local support services available for carers.

Staff told us that if families had suffered bereavement, their usual GP contacted them and 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 worked with the local CCG to plan services and to improve outcomes for patients in the area. For example, one of the senior GPs attended regular three monthly CCG led meetings with local practices to discuss clinical cases and new guidelines. We saw notes were made during the meetings and disseminated to practice staff to share learning. The practice also engaged with CCG led audits and benchmarking to monitor services and improve outcomes for patients and data showed the practice was performing in line with local averages. Any areas identified for improvement were acted upon, for example the practice reviewed antibiotic prescribing and amended their treatment policies to ensure antibiotics were prescribed in line with CCG guidance.

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

- All patients have a named GP and where possible appointments are made with named GPs to promote continuity of care.
- There were longer appointments available on request for older patients and those with complex medical needs.
- Home visits were available for older patients and patients unable to attend the practice due to illness or immobility. Joint home visits with the district nursing team were also offered to older patients who would benefit from this review.
- The practice made regular use of a bus transport service for their older patients, which was a local scheme that encouraged patients to become more mobile, access local community services and avoid isolation.
- The practice held multi-disciplinary team meetings as required with community services, such as district nurses, palliative care team and care co-ordinators to discuss and meet the needs of frail older patients and those with complex medical problems.
- The practice maintained a register of vulnerable older patients and was pro-active in creating comprehensive care plans for these patients to avoid hospital admission.

- Patients with long-term conditions receive annual GP or nurse-led review of their condition and to update care plans aimed at avoiding hospital admission.
- One of the GP partners has a specialist interest in diabetes and gives in-house training to improve management of the condition. The practice runs regular diabetes clinics that included appointments for initiating insulin. They had launched an in-house pre-diabetes campaign to improve patients' knowledge and understanding of the condition.
- The practice held quarterly educational meetings for patients to raise awareness of diagnosis and management of long-term conditions including diabetes, asthma and Chronic Obstructive Pulmonary Disease (COPD). Attendance at these meetings was an average of 30 patients.
- The practice offered a nurse-led with GP supervision, anticoagulation clinic for monitoring warfarin and this service included domiciliary visits for patients unable to attend the practice to have their bloods checked.
- Urgent access to same day appointments were available for children and those with serious medical conditions.
- The practice offered routine antenatal and postnatal care, including baby checks and immunisations. Appointments were flexible to offer families with young children after school and early morning appointments as well as slots to coincide with the nurse led baby clinics.
- The practice offered GP and nurse led family planning services including insertion of Intra-Uterine Contraceptive Devices (IUCD) and maintenance.
- The practice had the facility to book appointments and request repeat prescriptions online to improve access for patients unable to attend the practice during weekday opening hours. The practice was open on Saturdays for routine appointments including access to NHS Health Checks, immunisations, cervical screening and travel advice. Telephone consultations were available for medical advice.
- There were disabled facilities, hearing loop and translation services available.
- The practice maintained a register of patients with learning difficulties and these patients were offered annual health checks. The practice had close links with community learning disabilities nurses to support them with the management of these patients.
- One of the GP partners had a specialist interest in management of drugs and alcohol misuse, including

Are services responsive to people's needs?

(for example, to feedback?)

methadone prescribing. The practice ran weekly clinics to support patients with alcohol related problems. Patients were referred to local drug and alcohol services for additional support.

- The practice ran in-house training led by the safeguarding clinical leads to raise awareness and improve knowledge on management of domestic violence, female genital mutilation and child abuse. The practice collected information at new registration health checks to identify patients from communities where FGM is practised.
- The practice engaged in the local Shifting Settings of Care scheme that supports patient with stable mental health conditions transition from secondary care services to be managed and supported by their GP and community services. The practice engaged with a mental health nurse specialist from the community mental health team who ran in house twice weekly clinics to support patients experiencing issues with poor mental health. The mental health nurse also provided training for clinical and non-clinical staff to improve awareness and help identify patients with mental health issues who may require extra support.
- The practice offered patients identified as at risk of developing dementia routine dementia screening with onward referral to local memory services if required.

Access to the service

The practice was open between 8.00am to 1.00pm and 2.00pm to 6.30pm Monday to Friday. Appointments are available from 8.00am up to 1.00pm and from 2.00am to 6.20pm. Extended hours surgeries were offered from 9.00am to 12.00pm on Saturdays for routine appointments. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available on the same day 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 mostly comparable to local and national averages and people we spoke to on the day were able to get appointments when they needed them. For example:

- 67% of patients were satisfied with the practice's opening hours compared to the CCG average of 71% and national average of 75%.
- 56% patients said they could get through easily to the surgery by phone compared to the CCG average of 69% and national average of 73%.
- 73% patients described their experience of making an appointment as good compared to the CCG average of 66% and national average of 73%.
- 63% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 53% and national average of 65%.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. We saw that information was available to help patients understand the complaints system in the practice information leaflet and in the complaints leaflet. However, both the complaints policy and complaints leaflet did not refer to the correct external organisations where complaints could also be directed. It was observed that the complaints leaflet was not readily available in the reception area and there was no poster or information advising patients what to do if they wanted to make a complaint. Patients we spoke with were aware of the process to follow if they wished to make a complaint.

The practice manager was the designated responsible person who handled all complaints in the practice. We looked at 21 complaints received in the last 12 months and found they were handled in accordance with the practice policy and with openness and transparency including apologies when required.

Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. Complaints were reviewed at weekly management meetings but there was no formal annual review to allow analysis for themes and trends. We were informed that this was planned for the current fiscal year when the new management team had completed a full year in post.

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 provide an excellent, high quality health experience for all their patients. This mission statement was displayed on the practice website and in the practice leaflet and staff knew and understood the values. The practice had a robust strategy and which reflected the vision and values and future plans for the service were appropriate and achievable.

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 GP partners had lead roles in a variety of clinical areas including diabetes, musculoskeletal issues, drugs and alcohol misuse and women's health.
- The practice held monthly partners meeting where day to day management and governance issues were discussed as well as plans for future strategy
- Practice specific policies were implemented and were available to all staff, including significant events policy, complaints policy, infection control and emergency procedures. However, it was noted that some of the policies made reference to the previous NHS Primary Care Trust (PCT) commissioning organisation.
- A comprehensive understanding of the performance of the practice with discussion of performance data at fortnightly practice meetings and regular attendance at three monthly CCG meetings with local practices to compare and review performance and identify areas for improvement.
- A programme of continuous clinical and internal audit which is used to monitor quality and to make improvements with one of the GP partners as the named clinical audit lead.
- There were systems in place for reporting, recording and reviewing significant events and these were discussed at regular clinical meetings to share learning, although there was no annual review process of all significant events reported.

Leadership, openness and transparency

The partners in the practice have the experience and capability to run the practice and ensure high quality care. The partners were visible in the practice and staff told us that they were approachable, proactive and took time to listen to all members of staff. The partners encouraged a culture of openness and honesty.

Staff we spoke with told us that regular team meetings were held. They said that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and were confident in doing so and felt supported if they did. Staff said they felt respected, valued and supported, particularly by the partners and management team.

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

The practice encouraged and valued feedback from patients, proactively gaining patients' feedback and engaging patients in the delivery of the service. It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The practice had a patient forum steering group which was a small committee of three patient members that met every two months and fed back to the virtual PPG via email. They discussed results from the annual patient survey and submitted proposals for improvements to the practice management team. For example, feedback from the 2014/2014 patient survey suggested the waiting area could be improved and as a result seating was replaced and leaflets/posters re-organised to remove out of date information and ensure it was easily readable. The patient steering group was also involved in organising a programme of quarterly educational presentations for patients on topics including women's health, diabetes, COPD, asthma, carer support services and anticoagulation services with more events planned for next year.

The practice had also gathered feedback from staff through regular clinical and management meetings and annual staff appraisal. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management and that they felt involved and engaged to improve how the practice was run. The

Are services well-led?

Good 

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

practice was a training practice for GP registrars and trainees had regular feedback sessions with their clinical supervisors. All three registrars were satisfied with the training and felt involved and supported by clinical staff.

Innovation

There was a strong 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 had worked with a local pharmacy in referring asthma patients with their consent, for an advanced review of bronchial inhaler techniques in the management of their asthma condition. The findings from the review conducted during January 2015 to October 2015 were due to be presented to the practice by the end of the year. The practice was also involved with a local university in the mentoring of secondary care nurses in general practice

nursing. The practice had mentored one secondary care nurse over a sixteen week period in 2015 to promote the primary care nursing role. The practice was due to commence a further nurse mentorship in 2016.

The practice had recently implemented a pilot scheme to improve the collaborative working of the nursing team and allow the nursing staff to take lead roles in some areas of QOF to achieve targets. This included setting up nurse-led long-term condition management clinics with named nurses to lead for specific conditions such as asthma, diabetes, hypertension and chronic obstructive pulmonary disease. The practice planned to extend this pilot scheme to continue to build on the team work developed between nurses and encourage leadership. They aimed to have quarterly patient care plan review and follow up by named nurses for the various long-term conditions.

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	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>The registered person had not implemented safe systems to ensure the safe and secure storage of service users' paper records.</p> <p>This was in breach of Regulation 17 (2)(c) of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014).</p>
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	