Rosewood Practice

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

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at the Rosewood Practice on 11 September 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 a system in place for reporting and recording significant events.
- The practice had clearly defined and embedded systems to minimise risks to patient safety.
- Staff were aware of current evidence-based guidance. Staff had been trained to implement the guidance; they had the skills and knowledge to deliver effective care and treatment.
- Results from the national GP patient survey had improved year on year. The results showed patients were treated with compassion, dignity and respect; they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients we spoke with said they found it easy to make an appointment with a named GP and that there was continuity of care. They told us that urgent appointments were available on the same day.
- The practice had good facilities and was well equipped to treat and meet the needs of their patients.
- There was a clear leadership structure and staff felt supported by the management team. The practice proactively sought, and acted on, feedback from staff and patients.
- The provider was aware of the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.

There was one area where the provider should make an improvement:

- Review arrangements for monitoring the timely collection of repeat prescriptions.
- Consider ways to increase the number of carers identified and supported by the practice.

Summary of findings

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?

Good

The practice is rated as good for providing safe services.

- We reviewed a sample of documented examples and found that there was an effective system 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 were informed as soon as practicable, 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 to minimise risks to patient safety.
- Staff demonstrated that they understood their responsibilities to safeguard children and vulnerable adults. They had all received training relevant to their role.
- The practice had adequate arrangements to respond to emergencies and major incidents.
- However, we noted that repeat prescriptions were sometimes left uncollected at the practice, or at the local pharmacy, and these cases were only reviewed after a three-month period. Further action should be taken to minimise potential risks associated with uncollected repeat prescriptions.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were at, or above average, compared to the national average.
- Staff were aware of current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills and knowledge 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.
- End of life care was coordinated with other services involved.

Are services caring?

Good

The practice is rated as good for providing caring services.

Summary of findings

- Data from the national GP patient survey showed an improved level of patient satisfaction between 2016 and 2017.
- Survey information we reviewed showed that 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 accessible.
- We saw staff treated patients with kindness and respect; they maintained patient and information confidentiality.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- The practice understood its population profile and had used this understanding to meet the needs of its population. For example, they had recognised that the practice list contained higher than average numbers of working-age people and restructured the appointments and online systems to support these patients to access clinical care in a timely manner. This included later opening hours on Mondays, a plan to provide additional opening hours on Thursday afternoons, and a focus on improving online access for appointments and repeat prescriptions.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- Patients we spoke with 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 evidence from four examples reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Good

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 policies and procedures to govern activity and held regular governance meetings.

Summary of findings

- An overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- The provider was aware of the requirements of the duty of candour. There was one example that we reviewed and we saw evidence that the practice had complied with these requirements.
- The partners encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged with the patient participation group.
- There was a focus on continuous learning and improvement at all levels. Staff training was a priority and was built into staff rotas.

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

Good

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

- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice identified, at an early stage, older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end-of-life care.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Where older patients had complex needs, the practice shared summary care records with local care services. For example, the practice had a system to ensure that they shared information around medicines management with hospitals and local care homes.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible. For example, the practice ran a social prescribing clinic every Friday to facilitate patients' inclusion in local community activities.

People with long term conditions

Good

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

- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators were similar to, and occasionally higher than, the CCG and national averages. For example, 98% of patients with diabetes had recorded acceptable average blood pressure reading, compared to the national average of 77%. However, the practice was aware of a

Summary of findings

need to focus on improving blood sugar readings in this patient group; 68% of diabetic patients had an acceptable, average blood sugar reading compared to the CCG and national average of 78%.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.
- All these patients had a named GP and there was a system to recall patients for 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.

Families, children and young people

Good

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

- From the sample of documented examples we reviewed we found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us, on the day of inspection, that children and young people were treated in an age-appropriate way and were recognised as individuals.
- The practice provided support for premature babies and their families following discharge from hospital. For example, the practice was situated in a health centre where the local midwifery and health visiting teams were also based. This allowed for the timely sharing of information and regular case review meetings.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice provided ante-natal, post-natal and child health surveillance clinics.
- The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications.
- The practice hosts a Family Welfare clinic twice a month where patients are able to access advice about housing and other social care needs.

Summary of findings

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).

- The needs of these populations had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care, for example, through offering extended opening hours.
- 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.

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 held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- End-of-life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice 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 had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

Good

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

- The practice carried out advance care planning for patients living with dementia.
- < >
  The practice specifically considered the physical health needs of patients with poor mental health and dementia. For

example, the practice kept a record of patients who were currently identified with needing extra support because of their mental health. They ensured that these patients were offered an appointment on the same day that they contacted the practice.

- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- 96% of patients with a serious mental health condition had a care plan review within the past 12 months. The practice also ensured that these patients had regular physical health checks with 96% having had their blood pressure checked in the past year.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- Patients at risk of dementia were identified and offered an assessment.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2017. The results showed the practice was performing in line with local and national averages. 369 survey forms were distributed and 83 were returned. This represented 4% of the practice's patient list.

- 76% of patients described the overall experience of this GP practice as good compared with the CCG average of 82% and the national average of 85%.
- 77% of patients described their experience of making an appointment as good compared with the CCG average of 73% and the national average of 73%.
- 69% of patients said they would recommend this GP practice to someone who has just moved to the local area compared with the CCG average or 78% and the national average of 77%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 42 comment cards which were positive about the standard of care received. The majority of patients made positive comments about the practice and its staff. Patients felt that their concerns were listened to and they were given good advice by the clinical staff. A small number of patients raised concerns about waiting time on the phone and in the reception area. However, other patients noted that the service was efficient and praised the quality of their interactions with the reception staff.

We spoke with four patients during the inspection. All four patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. We also reviewed the practice's response to the NHS 'Friends and Family' Test. The patients that had completed this test were likely to recommend the practice to friends and family. For example, 15 patients completed the survey in August 2017 and all of the patients stated that they were 'likely' or 'extremely likely' to recommend the practice to others.

Areas for improvement

Action the service SHOULD take to improve

- Review arrangements for monitoring the timely collection of repeat prescriptions.
- Consider ways to increase the number of carers identified and supported by the practice.

Rosewood Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector**.** They were supported by a GP specialist adviser.

Background to Rosewood Practice

The Rosewood Practice is located between Stoke Newington and Clapton in the London Borough of Hackney. The practice serves approximately 2100 people living in the local area. People living in the area speak a range of different languages and express a range of cultural needs. The practice population has higher numbers of young people (aged 25-29 years) compared to the national average.

The practice operates from a single site. It is situated on the ground floor of the purpose-built Fountayne Road Health Centre, which also houses a range of other health and social care services. There are three consulting rooms on the ground floor. The premises are fully wheelchair accessible with level access at the entrance. There is also a disabled toilet on site.

The practice is led by a female GP; there is also a long-term locum, male GP. There is also a practice nurse and a healthcare assistant. Overall the practice provides 11 GP sessions each week. The practice also employs a range of non-clinical support staff comprising of a practice manager and three receptionists.

The practice offers appointments on the day and books appointments up to two months in advance. The practice has appointments from 9.00 am to 6.30pm on Mondays, Tuesdays, Wednesdays and Fridays. They are open form 9.00am to 1.00pm on Thursdays. The practice provides extended opening hours on Mondays between 6.30 and 7.30pm. Patients who need attention outside of these times are directed to call the 111 service for advice and onward referral to other GP out-of-hours services.

The practice hosts a range of additional clinics comprising: a Diabetic Specialist Nurse clinic from 9.30 to 4.00pm every Wednesday; a Dietician clinic once a month on a Friday between 2.00pm and 4.00pm; a Family Welfare clinic twice a month on Thursdays between 10am and 1pm; and a Social Prescribing clinic every Friday between 2.00pm and 5.00pm. The practice also acts as a phlebotomy hub for the local area, with other practices referring patients to the practice for phlebotomy services.

The Rosewood Practice is contracted by NHS England to provide General Medical Services (GMS). They are registered with the Care Quality Commission (CQC) to carry out the following regulated activities: Diagnostic and screening procedures; Family planning; Maternity and midwifery services; Treatment of disease, disorder or injury.

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.

Detailed findings

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 11 September 2017.

During our visit we:

- Spoke with a range of staff including the lead GP, locum GP, practice nurse, health care assistant, practice manager and a receptionist.
- Spoke with patients who used the service.
- Observed how patients were being cared for in the reception area and talked with carers and/or family members.
- Reviewed a 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.
- Visited the practice location.
- Looked at information the practice used to deliver care and treatment plans.

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 living 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.

Good

Are services safe?

Our findings

Safe track record and learning

There was a system for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- From the sample of four documented examples we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. The practice carried out a thorough analysis of the significant events.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, the practice had instigated changes to the protocols for receiving prescription requests from the local pharmacy to improve security following an incident whereby patients' names had become confused.
- The practice also monitored trends in significant events and evaluated any action taken.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. The GPs and the practice nurse were trained to child protection or child safeguarding level three. Non-clinical staff had trained to level two.
- 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 undergone 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 maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place.
- The practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up-to-date training. Annual IPC 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 minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal). However, there was one area, related to repeat prescribing, where action should be taken to further minimise risks.

- There were processes 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 clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems to monitor their use.
- However, we noted that repeat prescriptions were sometimes left uncollected at the practice, or at the

local pharmacy, and these cases were only reviewed after a three-month period. This showed that not all risks associated with repeat prescribing had been adequately minimised as uncollected prescriptions may be an indicator of poor adherence, leading to inadequate therapy or adverse effects. The lead GP was responsive to our feedback in this area and ensured us that a new protocol would be instigated to more frequently review uncollected prescriptions.

- Patient Group Directions (PGD) had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions (PSD) to enable Health Care Assistants to administer vaccines and medicines.

We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available.
- The practice had an up to date fire risk assessment and carried out regular fire drills. There were designated fire marshals within the practice. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments to monitor the safety of the premises. These covered topics such as Control of Substances Hazardous to Health (COSHH), infection control, and Legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the staff office.
- The practice had a defibrillator and oxygen, with adult and children's masks, available on the premises. 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 a comprehensive business continuity plan for major incidents, such as power failure or building damage. The plan included emergency contact numbers for staff.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Clinicians were aware of relevant and current evidence-based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

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 recently published results are from 2015/16. These showed that the practice had achieved 84% of the total number of points available compared with the clinical commissioning group (CCG) average of 97% and national average of 95%. The practice had since submitted its results for the 2016/17 QOF, although these results are not yet published in the public domain. The practice was able to demonstrate an improvement in QOF performance in 2016/17. They had achieved 94% of the total number of points available, bringing them in line with the national average. Exception reporting was comparable to the CCG and national averages across a range of conditions.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/16 and 2016/17 showed:

- Performance for diabetes related indicators were similar to, and occasionally higher than, the CCG and national averages. For example, 98% of patients with diabetes had an acceptable average blood pressure reading in both 2015/16 and 2016/17, compared to the national average of 77%.
- However, the practice was aware of a continuing need to focus on improving blood sugar readings in this patient group. In 2015/16, 68% of diabetic patients had an acceptable, average blood sugar reading compared to the CCG and national average of 78%. This figure had remained static in the 2016/17 submission. The GP lead and practice manager were aware of this issue and were in discussion with the diabetic specialist nurse as regards what further action could be taken to improve in this area.
- Performance for mental health related indicators was similar to the CCG and national averages. For example, in 2015/16, 96% of people with a serious mental health condition had a care plan in place compared to the CCG average of 88% and the national average of 88%. This figure had been maintained in the 2016/17 submission.
- Overall the CCG rated the Rosewood Practice highly in terms of its management of patients with long-term conditions. The CCG had written to the practice in January 2017 commenting that they were amongst the best performing practices within the CCG in terms of care for patients with long-term conditions.

  There was evidence of quality improvement including clinical audit:

- There had been a range of clinical audits commenced in the last two years; two of these were completed audits where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, action had been taken to reduce inappropriate Accident and Emergency (A&E) attendance. The practice initially observed that A&E attendance for patients on the practice list was relatively high compared to others in the CCG in 2015/16.Therefore, the practice put in place an action plan which included changes to the appointments and triage systems, such as allowing for additional 'same day' and urgent appointments, as well as redistributing clinical load through training the health care assistant in phlebotomy services. A re-audit carried out in 2016/17 showed that the actions taken had successfully led to an 18% drop in A&E attendances.

Effective staffing

Good

Are services effective?

(for example, treatment is effective)

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured that staff had regular role-specific training and how this training was monitored and updated for relevant staff. For example, we observed that the practice nurse had completed training related to care pathways for different illnesses, such as cancer, diabetes, urology, sleep apnoea, mental health, and heart failure, within the past year. The health care assistant had regularly attended training for flu updates.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months.
- 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 reviewed a sample of three documented instances which showed that the practice shared relevant information with other services in a timely way, for example, when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Information was shared between services, with patients' consent, using a shared care record. Meetings took place with other health care professionals on a monthly, or three monthly, basis when care plans were routinely reviewed and updated for patients with complex needs.

The practice ensured that end-of-life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Consent to care and treatment

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

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

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to relevant services. For example:

- The practice identified 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. These patients were provided with additional support.

Good

Are services effective?

(for example, treatment is effective)

- For example, a dietician was available on the premises once a month and there was a Social Prescribing clinic every Friday which had links with local exercise groups. The GP also made specific referrals to local gym to aid with weight management.

The practice's uptake for the cervical screening programme was 81%, which was comparable with the CCG average of 79% and the national average of 81%. The practice had been consulted by other GPs in the local area to discuss their good performance in relation to cervical screening with a view to sharing best practice in this area.

Childhood immunisations were carried out in line with the national childhood vaccination programme. The practice demonstrated that they had met, or exceeded, the uptake targets set by the CCG for childhood immunisations in 2016/17. For example, the practice had been set a target of 74% uptake for the vaccines given to under two year olds. The practice had exceeded this target and could demonstrate an uptake rate of 87%.

There was a policy to offer telephone or written 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. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer. There were failsafe systems 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.

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.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

During our inspection we observed that 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.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patients could be treated by a clinician of the same sex.

The majority of the 42 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with four members 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. Comments highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed that the majority of patients felt they were treated with compassion, dignity and respect. However, the practice was average, or slightly below average, for its satisfaction scores on consultations with GPs and nurses. For example:

- 80% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 82% of patients said the GP gave them enough time compared to the CCG average of 84% and the national average of 86%.
- 91% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and the national average of 95%
- 78% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and the national average of 86%.
- 84% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average of 86% and the national average of 91%.
- 82% of patients said the nurse gave them enough time compared with the CCG average of 87% and the national average of 92%.
- 87% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 95% and the national average of 97%.
- 88% of patients said the last nurse they spoke to was good at treating them with care and concern compared to CCG average of 85% the national average of 91%.
- 84% of patients said they found the receptionists at the practice helpful compared with the CCG average of 87% and the national average of 87%.

We discussed these results with the lead GP and practice manager. They noted that the results from the GP survey had generally improved from 2016 to 2017. For example, there had been an improvement in the percentage of patients reporting that the GP was good at treating them with care and concern from 65% in 2016 to 78% in 2017. They stated that they had instigated a plan to improve patient satisfaction levels following the 2016 survey results. This action plan was now starting to show a result and that they were committed to improving in these areas.

Care planning and involvement in decisions about care and treatment

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

Children and young people were treated in an age-appropriate way and recognised as individuals. The lead GP understood the requirements of the Gillick competency for assessing if young people under the age of

Good

Are services caring?

16 years could independently access primary care services. They were also aware of, and followed, the boundaries of the Fraser guidelines for the provision of contraceptive and sexual health care in young people.

Results from the national GP patient survey showed that the majority of patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were mainly in line with local and national averages; although some results were lower than average. For example:

- 80% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 85% and the national average of 86%.
- 70% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 80% and the national average of 82%.
- 83% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 85% and the national average of 90%.
- 77% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 81% and the national average of 85%.

Our discussions with the lead GP and the practice manager regarding these survey results showed that a significant improvement had occurred following an action plan that had been instigated in 2016. Although some results from the 2017 patient survey remained low, the general trend recognised improving standards of patient satisfaction. The practice had discussed the 2017 survey results at a meeting held in September 2017; further areas for improvement had been identified and this included discussing how the GPs could further involve patients in decisions about their care.

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

- Staff told us that interpretation 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. Patients were also told about multi-lingual staff that might be able to support them.
- Information leaflets were available in easy read format.
- The Choose and Book service was used with patients as appropriate. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital.)

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 was also available on the practice website. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 16 patients as carers (<1% of the practice list). Patients who were also carers were invited to identify themselves at registration and clinical staff recorded a patient as a carer if this was discussed during a consultation. Carers' needs were reviewed and support was offered through signposting to local groups and the Family Welfare clinic held at the practice. However, we noted that the number of carers identified on the practice list was relatively low. The practice should consider ways to increase the number of carers identified on the list to support access to a range of services, in line with national guidance.

Staff told us that if families had experienced 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.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population:

- The practice offered extended hours on a Monday evening until 7.30pm for working patients who could not attend during normal opening hours.
- The practice had made changes in the past year to promote and improve online access for booking appointments and ordering repeat prescriptions. They had now met the CCG targets set for online access.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccines available on the NHS and were referred to other clinics for vaccines available privately.
- There were interpretation services available to support patients for whom English was not their first language. We noted that the practice held supplies of patient information leaflets in five different languages; the practice staff also spoke five different languages between them, which supported some patients to access the service.
- Other reasonable adjustments were made and action was taken to remove barriers when patients found it hard to use or access services.
- The practice had implemented the NHS England Accessible Information Standard to ensure that disabled patients received information in formats that they could understand and receive appropriate support to help them to communicate.
- The practice used an advocacy service providing British Sign Language or Braille translations for patients with a hearing or visual impairment.

Access to the service

The practice was open between 9.00 am to 6.30pm on Mondays, Tuesdays, Wednesdays and Fridays. They are open form 9.00am to 1.00pm on Thursdays. Appointments were from 9.00am to 1.00pm every morning and 2.00pm to 6.30pm daily. Extended hours appointments were offered between 6.30pm and 7.30pm on Mondays. In addition to pre-bookable appointments that could be booked up to two months in advance, urgent appointments were also available for patients that needed them.

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

- 75% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 76% and the national average of 77%.
- 74% of patients said they could get through easily to the practice by phone compared to the CCG average of 74% and the national average of 71%.
- 78% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 83% and the national average of 84%.
- 75% of patients said their last appointment was convenient compared with the CCG average of 79% and the national average of 81%.
- 77% of patients described their experience of making an appointment as good compared with the CCG average of 73% and the national average of 73%.
- 68% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 52% and the national average of 58%.

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

The practice had a system to assess:

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

Good

Are services responsive to people's needs?

(for example, to feedback?)

The reception staff asked some preliminary questions to assess the urgency of any enquiry from patients. The GP could then be contacted immediately via the internal messaging system, if necessary. Otherwise patients were given a time during the surgery session when the GP would phone them back to gather further information and assess whether a home visit or surgery appointment was required. Patients with a high need were seen on the same day. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. For example, there was a poster displayed on the practice noticeboard which described the complaints procedure.

We looked at four complaints received in the last 12 months and found that the practice had operated in an open and transparent manner when dealing with complaints. It was practice policy to offer an apology where they identified that things had gone wrong. We saw written examples of apologies that had been offered. Lessons were learnt from individual concerns and complaints and also from analysis of trends. Action was taken as a result to improve the quality of care. For example, the practice had held meetings with relevant staff members following complaints concerning the style of staff communication. In-house training was provided regarding practice protocols and staff were offered ongoing support to develop in this area.

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 and staff knew and understood the values.
- The practice had a clear strategy with supporting business plans; these reflected the vision and values and were regularly monitored.

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 and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas. For example, the lead GP was the first point of contact for all safeguarding concerns and the practice nurse took the lead on all infection control issues.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- A comprehensive understanding of the performance of the practice was maintained. Practice meetings were held monthly which provided an opportunity for staff to learn about the performance of the practice.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. For example, there were systems in place to regularly check key equipment for effectiveness including tests of the defibrillator, oxygen cylinder, fire alarms and vaccine fridge temperature.
- We saw evidence from minutes of meetings that the structure allowed for lessons to be learned and shared following significant events and complaints.

Leadership and culture

On the day of inspection the lead GP 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 and compassionate care. Staff told us the lead GP was approachable and always took the time to listen to all members of staff.

The provider was aware of, and had systems 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. We reviewed one documented example and found that the practice had systems 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 and staff felt supported by management.

- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. Minutes of meetings were comprehensive and were available for practice staff to view.
- Staff said they felt respected, valued and supported, by the lead GP and other members of the staff team. All staff were involved in discussions about how to run and develop the practice, and the lead GP encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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 and staff. It proactively sought feedback from:

- patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, reviewed practice performance, and submitted proposals for improvements to the practice management team. Members of the PPG had been encouraged to attend a range of meetings and training sessions with the local CCG. They then made suggestions, based on what they had learnt at these sessions, for improving the service. For example, the practice had reviewed their provision of advice regarding the management of arthritis following feedback from the PPG.
- the NHS Friends and Family test, complaints and compliments received
- staff through meetings, appraisals and discussion. 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. For example, had met to review and develop an action plan for how to improve patients' experiences when accessing the practice with a view to further improving their results in the GP patient survey next year. A range of actions had been agreed, including changes to managing the phone lines, reviewing the appointments system with the nurse and GP, and continuing to promote the online access systems.

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 was committed to providing patient-centre care which considered both physical and mental health needs. Therefore they had developed a service which took into account the wider social needs of their patients. This included hosting the Family Welfare and Social Prescribing clinics and ensuring that staff were up to date with additional training to help support the identification of vulnerable patients. The practice was also part of the local Identification and Referral to Improve Safety (IRIS) scheme for patients who may be experiencing domestic abuse.