

# Highlands Surgery

## Quality Report

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

## Ratings

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

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Highlands Surgery on 28 October 2015. Overall the practice is rated as good.

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

- The practice ensured that when things went wrong that these were investigated and learning was shared with staff. Risks to patients were assessed and well managed. There were systems for assessing risks including risks associated with medicines, premises, equipment and infection control.
- There was a detailed business continuity plan to deal with untoward incidents that may affect the day to day running of the practice.
- Staff were recruited robustly with all of the appropriate checks carried out to determine each person's suitability and fitness to work at the practice.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Clinical audits and reviews were carried out to make improvements to patient care and treatment.

- Staff were supported and received role specific training to meet the needs of patients and there was a system for staff appraisal.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Complaints were investigated and responded to appropriately and apologies given to patients when things went wrong or their experienced poor care or services.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

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

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services. There were systems in place to monitor safety and to act when things went wrong. Lessons were learned and communicated with staff to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed.

There were policies, procedures and risks assessments to identify risks to patients and staff. These included safeguarding adults and children, infection prevention and control and health and safety. Staff were recruited with all of the appropriate checks carried out including proof of identify, employment references and Disclosure and Barring Services (DBS) checks. Staff were trained and had access to appropriate policies and guidance for their roles.

Medicines were managed safely. The practice had appropriate premises and equipment and these were well maintained to help keep patients and staff safe.

Good



### Are services effective?

The practice is rated as good for providing effective services. Data showed patient outcomes were at or above average for the locality for the management of the majority of long term conditions and disease management such as heart disease, dementia and diabetes. Where areas for improvements were identified the practice acted promptly to address these. Staff referred to guidance from the National Institute for Health and Care Excellence local and national initiatives and used it routinely.

Patients' needs were assessed and care was planned and delivered in line with current legislation and guidance. Staff regularly reviewed current guidance to ensure that patients were receiving treatments in line with any changes for improvement. A system of audits and reviews were in place to monitor and improve outcomes for patients.

Staff were supported and received training relevant to their roles and the needs of patients.

Good



### Are services caring?

The practice is rated as good for providing caring services. Data showed that patients rated the practice higher than others for several aspects of care. Patient satisfaction with how they were treated by GPs and other staff and their involvement in decision making was similar to the CCG and national GP practices averages. Patients who completed comment cards and those we spoke with

Good



# Summary of findings

during the inspection also confirmed that staff at the practice were respectful and caring. Patients said they were treated kindly with dignity and respect. Patients' privacy was maintained during consultations and treatment and information in respect of patients was treated confidentially.

Patients told us that they received information about their treatment in a way which they could understand and they were involved in decisions about their care and treatment. Information for patients about the services available was easy to understand and accessible. The practice recognised the needs of patients who were carers and provided support and information about the range of agencies and organisations available.

## **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 England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

Appointment times and availability were flexible to meet the needs of patients. Same and next day appointments were available. Home visits and telephone consultations were provided as needed. The practice offered its patients access to a service where they were able to book an appointment with a GP via an app on their mobile phone or tablet. Patients had the choice of a video or telephone consultation without having to visit the surgery.

The practice had good facilities and was well equipped to treat patients and meet their needs. Accessible toilets and baby changing facilities were available. Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. The practice offered apologies to patients when things went wrong or the service they received failed to meet their expectations. Learning from complaints was shared with staff and other stakeholders.

**Good**



## **Are services well-led?**

The practice is rated as good for being well-led. It had a clear vision and strategy to provide a responsive service for all its patients. Patients had access to GPs throughout the day via face to face appointments or for advice and telephone consultations. The strategy included planning for the future. Staff were clear about the vision and their responsibilities in relation to this. Information about the practice was available to staff and patients.

There was a clear leadership structure within the practice and staff felt supported by management. The practice had a number of

**Good**



# Summary of findings

policies and procedures to govern activity and these were regularly reviewed and updated so that they reflected current legislation and guidance. There were systems in place to monitor and improve quality and identify risk.

The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group (PPG) was active and met every month with practice staff to discuss any issues and how these could be improved upon. The patient participation group was working proactively to attract new members and they produced a leaflet describing the function of the group and how patients could participate. Staff told us that they felt supported and that they could raise comments and suggestions, which were acted upon.

# 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. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people including:

- Home visits and appointments with GPs and nurses.
- Dedicated admissions avoidance nurse and regular multidisciplinary team meetings to help reduce unplanned hospital admissions for frail, elderly and patients who were receiving palliative care.
- Dementia screening and care plans for patients.
- High rates of seasonal flu / shingles vaccinations.
- Named GP for patients over 75 years.

Good



### People with long term conditions

The practice is rated as good for the care of people with long-term conditions. GPs and nursing staff had lead roles in chronic disease management and provided a range of clinics including asthma, diabetes and chronic obstructive pulmonary disease (COPD). The practice performance for the management of long term conditions was similar to or higher than other GP practices nationally.

- Patients at risk of unplanned hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed. All these patients had a named GP and a structured annual review to check that their health and medication needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- Patients at the practice had access to a service where they were able to book an appointment with a GP via an app on their mobile phone or tablet. Patients had the choice of a video or telephone consultation without having to visit the surgery.
- Online booking and telephone consultations were available.
- Health events were held and information was available to support patients to maintain good health.

Good



### Families, children and young people

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

Good



# Summary of findings

- The practice offered same day appointments for children. Appointments were available outside of school hours.
- Family planning services, post-natal and baby checks were available as were appointments to monitor the development of babies and the health of new mothers.
- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. The practice held monthly in-house safeguarding meetings with relevant health professionals including health visitors to review children who were identified as being at risk.
- Immunisation rates were similar to other GP practices for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.

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

The practice is rated as good for the care of working-age people (including those recently retired and students). The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.

- Appointments with a practice nurse were available on Saturday mornings.
- Online appointment booking and electronic prescribing was available.
- Patients had access to a service where they were able to book an appointment with a GP via an app on their mobile phone or tablet. Patients had the choice of a video or telephone consultation without having to visit the surgery.
- The practice was proactive in offering online services including on-line appointment booking and electronic prescribing (where patients can arrange for their repeat prescriptions to be collected at a pharmacy of their choice).
- The practice offered a full range of health promotion and screening that reflected the needs for this age group including NHS health checks.

Good



# Summary of findings

## People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable. Staff undertook safeguarding training and the practice had a dedicated safeguarding lead. Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

- The practice held a register of patients living in vulnerable circumstances including patients with a terminal illness and those with a learning disability.
- Patients who were identified as vulnerable had a named nurse who had accountability for their care.
- The practice proactively promoted annual health checks for patients with learning disabilities and nurses had received specific training to support these patients. Information about annual health checks was available in an easy read pictorial format to assist patients understand these checks.
- Home visits were available for reviews as needed.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. This helped to ensure that patients whose circumstances made them vulnerable were supported holistically and that patients who were at a higher risk of unplanned hospital admissions were supported to and treated in their home.

Good



## 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).

- Staff at the practice were proactive in carrying out dementia screening and liaised regularly with the dementia community nurses to ensure that care was coordinated and effective to meet patient's needs. The practice reviewed and monitored patients with dementia and carried out face-to-face reviews
- Patients with mental health conditions were reviewed and had an annual assessment of their physical health needs and medicines. Longer appointments and home visits were provided as required. The practice supported patients who lived at a local hostel and provided same day appointments when required.

Good





## Summary of findings

- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. This included the mental health crisis line and Therapy for You services.
- It had a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health.

# Summary of findings

## What people who use the service say

The national GP patient survey results published on 02 July 2015 showed the practice was performing in line with local and national averages. There were 125 responses from 259 surveys sent out which represented 48.3% of the patients who were selected to participate in the survey.

The survey showed that patient satisfaction was as follows:

- 76% found the receptionists at this surgery helpful compared with a CCG average of 84% and a national average of 87%.
- 54% found it easy to get through to this surgery by phone compared with a CCG average and a national average of 73%.
- 94% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average and a national average of 85%.
- 82% said the last appointment they got was convenient compared with a CCG average of 90% and a national average of 92%.
- 60% described their experience of making an appointment as good compared with a CCG average of 71% and national average of 73%.

- 78% usually waited 15 minutes or less after their appointment time to be seen compared with a CCG average of 64% and a national average of 65%.
- 69% felt they did not normally have to wait too long to be seen compared with a CCG average of 61% and a national average of 58%.
- 72% of patients would recommend the practice to someone new compared with a CCG average of 72% and a 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 40 comment cards which were all positive about the standard of care received, access to appointments and staff helpfulness and attitude. We also spoke with six patients on the day of the inspection. Patients commented positively about the practice saying that they were very happy with the treatment that they received. Patients said that they could get appointments that suited them, usually on the same day when needed. Patients also spoke very positively about the GPs and nurses. They told us that staff were compassionate and that they listened and spent time explaining tests and treatments in a way that patients understood.

# Highlands 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 manager specialist advisor.

## Background to Highlands Surgery

Highlands Surgery is located on the London Road in a predominantly residential area in Leigh on Sea, Essex. The practice provides services for 11500 patients. The practice operates from purpose built premises.

The practice holds a General Medical Services (GMS) contract and provides GP services commissioned by NHS England and Southend Clinical Commissioning Group. A GMS contract is one between GPs and NHS England and the practice where elements of the contract such as opening times are standardised.

The practice population is similar to the national average for younger people and children under four years, and for those of working age and those recently retired, and significantly higher for older people aged over 65 years. Economic deprivation levels affecting children, older people are lower than the practice average across England. Life expectancy for men and women are similar to the national averages. The practice patient list compares similarly to the national average for long standing health conditions and the national averages for working aged people in employment or full time education and those of working age that are unemployed.

The practice is managed by three GP partners who hold financial and managerial responsibility. The practice employs two salaried GPs. In total four male and one female GP work at the practice. In addition the practice employs five practice nurses, a practice manager, a deputy practice manager and a team of reception and administrative staff.

The practice is open between 8am and 6.30pm on weekdays. GP and nurse appointments are available between 8.15am to 6pm daily. Pre-booked nurse appointments are available between 9am and 12pm on Saturdays.

The practice has opted out of providing GP out of hour's services. Unscheduled out-of-hours care is provided by the NHS 111 service and patients who contact the surgery outside of opening hours are provided with information on how to contact the service. Patients at the practice have access to a service where they were able to book an appointment with a GP via an app on their mobile phone or tablet. Patients had the choice of a video or telephone consultation without having to visit the surgery. This is available between 8am and 8pm on Mondays to Saturdays and between 4pm to 8pm on Sundays.

## Why we carried out this inspection

We inspected Highlands Surgery as part of our comprehensive inspection programme. 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 was 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

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.

## 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 28 October 2015. During our visit we spoke with a range of staff including the GPs, nurses, and reception / administrative staff. We also spoke with six patients who used the service. We observed how people were being cared for and talked with carers and family members. We reviewed comment cards where patients and members of the public shared their views and experiences of the service. We reviewed a number of documents including patient records and policies and procedures in relation to the management of the practice.

# Are services safe?

## Our findings

### Safe track record and learning

Safety within the practice was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance. There were systems in place for the receipt and sharing of safety alerts received from the Medicines and Healthcare Products Regulatory Agency (MHRA). These alerts have safety and risk information regarding medication and equipment often resulting in the review of patients prescribed medicines and/or the withdrawal of medication from use in certain patients where potential side effects or risks are indicated. We saw that alerts were received by the provider who reviewed and shared these with the staff team and acted upon appropriately. We saw that patients' medicines were reviewed and changed where indicated. Alerts were kept and accessible to staff to refer to as needed.

The practice had systems in place for investigating and learning from when things went wrong and all staff we spoke with were aware of these procedures and the reporting forms. Staff we spoke with told us the practice had an open and transparent approach to dealing with significant safety events. Through discussion with GPs we found that safety incidents were investigated and that learning from these was shared with other GPs. We looked at a sample of significant events from the previous 12 months and saw that these had been investigated and learning was shared with all staff. These incidents had been appropriately reviewed to ensure that learning was imbedded within the practice.

### 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. The practice had an identified GP lead to oversee safeguarding and they attended local safeguarding meetings whenever this was possible. Staff had undertaken role specific training and had access to appropriate policies and procedures which reflected relevant legislation and referred to the local safeguarding team reporting systems. Staff we spoke with were able to demonstrate that they understood their roles and responsibilities for keeping patients safe.

Reception staff told us that they knew the patients well and that they would report anything unusual to the GPs, nurse or practice manager. GPs always provided reports where necessary for other agencies.

- The practice had procedures in place for providing chaperones during examinations and notices were displayed to advise patients that chaperones were available, if required. Chaperone duties were carried out by nursing staff who had received a disclosure and barring check (DBS). (These 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). Staff had undertaken chaperone training and they were aware of their roles and responsibilities.
- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available, which was kept under regular review and available to all staff. All electrical equipment was checked to ensure that it was safe to use. Clinical and diagnostic equipment was checked and calibrated to ensure it was working properly. The practice had a risk assessment in place in relation to the control of substances hazardous to health (COSHH) such as cleaning materials. An external assessment had been conducted to identify risks in relation to legionella. The risk of fire had been assessed and there was appropriate fire safety equipment including extinguishers located throughout the practice. Fire exits were clearly signposted and a fire evacuation procedure was displayed in various areas.
- The practice had suitable policies and procedures in place for infection prevention and control. We observed the premises to be visibly clean and tidy. One of the GPs was the infection control clinical lead and they took responsibility for overseeing infection control procedures within the practice. There were cleaning schedules in place and regular infection control audits had been carried out. Staff received infection control training. Clinical staff had access to personal protective equipment such as gloves and aprons and undergone screening for Hepatitis B vaccination and immunity. People who are likely to come into contact with blood products, or are at increased risk of needle-stick injuries should receive these vaccinations to minimise risks of blood borne infections.

## Are services safe?

- The practice had arrangements for the safe management of medicines, including emergency drugs and vaccinations. Medicines were stored securely and only accessible to relevant staff. Prescription pads were securely stored and there were systems in place to monitor their use. Medicines we saw were in date and staff told us that they checked these regularly. Records in respect of these checks were not recorded and staff assured us that these would be maintained going forward. Medicines which required cold storage including vaccines were handled and stored in line with current guidelines. Fridge temperatures were monitored and recorded to ensure that they remained within the acceptable ranges for medicines storage.
- The practice had policies and procedures for employing clinical and non-clinical staff. We reviewed nine staff files including those for the four most recently employed staff. We found that the recruitment procedures were followed. Evidence that the appropriate recruitment checks including proof of identification, references, qualifications, registration with the appropriate professional body where appropriate. Disclosure and Barring Service checks had been undertaken prior to employment for all clinical staff. Where non clinical staff did not have a DBS check a detailed risk assessment had been carried out to determine the need for carrying out these checks.
- New staff undertook a period of induction which was tailored to their roles and responsibilities. This included training and an opportunity for new staff to familiarise themselves with the practice policies and procedures.
- Arrangements were in place for planning and monitoring the number and skill 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. Staff we spoke with told us that there were always enough staff cover available for the safe running of the practice and to meet the needs of patients.

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

There were policies in place for dealing with medical emergencies and major incidents. All staff received annual basic life support training and those we spoke with including the receptionists were able to describe how they would act in the event of a medical emergency. The practice had procedures in place to assist staff to deal with a range of medical emergencies such as cardiac arrest, epileptic seizures or anaphylaxis (severe allergic reaction) and emergency medicines available and accessible to staff. All the medicines we checked were in date and fit for use as was oxygen with adult and children's masks. The practice did not have an automated external defibrillator (AED) and shared this equipment with the private hospital which was located in an adjacent building. Staff we spoke with were able to tell us the procedures for accessing this equipment if needed. However on day of the inspection the policies and procedures for dealing with medical emergencies did not detail the arrangements for obtaining this equipment and the risks associated with this. The procedure was updated by the practice.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage which could affect the day to day running of the practice. The plan included staff roles and responsibilities in the event of such incidents and 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. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet 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 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. Data from 2013/14 showed;

Performance for the treatment and management of diabetes was as follows:

- The percentage of patients with diabetes whose blood sugar levels were managed within acceptable limits was 80% compared to the national average of 77%.
- The percentage of patients with diabetes whose blood pressure readings were within acceptable limits was 87% compared to the national average of 78%
- The percentage of patients with diabetes whose blood cholesterol level was within acceptable limits was 83% compared to the national average of 81%

These checks help to ensure that patients' diabetes is well managed and that conditions associated with diabetes such as heart disease are identified and minimised where possible.

The practice performed well for the treatment of patients with hypertension (high blood pressure). We saw that the percentage of patients whose blood pressure was managed within acceptable limits was 93% compared to the national average of 83%.

The practice had also performed well in treating patients with heart conditions who were at risk of strokes with appropriate medicines. The percentage of patients treated was 100% compared to the national average of 98%.

The practice performance for assessing and monitoring the physical health needs for patients with a mental health condition was:

- 96% of patients with a mental health disorder had a record of their alcohol consumption compared to the national average of 88%.

The practice exception reporting was in line with GP practices nationally and locally. Exception reporting is a process whereby practices can exempt patients from QOF in instances such as where despite recalls patients fail to attend reviews or where treatments may be unsuitable for some patients. This avoids GP practices being financially penalised where they have been unable to meet the targets set by QOF.

The practice also set and monitored targets for care not currently included in QOF in order to improve clinical care:

- The practice monitored blood lipids (fats) in those patients with ischaemic heart disease, stroke and peripheral vascular disease to ensure optimal control and try to prevent recurrence.
- Other targets were set such as monitoring of patients with a risk of diabetes to try to prevent progression to diabetes.
- Monitoring of borderline Prostate-specific antigen (PSA) to identify patients at risk of prostate cancer and making early referrals/ diagnosis.

The practice used clinical audits to monitor and make changes to patient care and treatment as part of its quality monitoring and improvement. All relevant staff were involved to improve care and treatment and people's outcomes. We looked at a sample of completed audits which had been completed within the previous 12 months.

One audit reviewed patient with diabetes who were prescribed third line medicines. These should only be prescribed according to certain criteria such as where other medicines are unsuitable or ineffective. The audit carried out in 2014 showed that 31% of the 39 patients who were prescribed these medicines had not met the guideline criteria and actions were taken to address this. The audit



# Are services effective?

## (for example, treatment is effective)

was carried out again in 2015. This showed that of the 65 patients who were prescribed these medicines, 6% did not meet the criteria. This demonstrated improvements in the effective treatment of patients with diabetes.

Medicine reviews were carried out every six months or more frequently where required. A community pharmacist assisted with these reviews for patients with complex medical needs and those who were prescribed combinations of medicines. The practice performed lower than GP practices nationally for prescribing hypnotic medicines such as sleeping tablets and antidepressants. The GPs told us that this was reflective of the high number of and needs patients with mental health conditions such as depression.

### Effective staffing

Staff were trained and supported so that they had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for newly appointed members of staff. This covered such topics as safeguarding, fire safety, health and safety and confidentiality and helped new staff to familiarise themselves with the practice policies and procedures. We saw that all new non-clinical members of staff undertook a four week period of 'shadowing' experienced staff so as to help familiarise themselves with the practice policies and procedures.
- Staff we spoke with told us that they had access to appropriate training to meet the needs of the practice and their individual roles and responsibilities. This included ongoing support, one-to-one meetings, appraisals, coaching and mentoring. Staff training included safeguarding, fire safety, information governance and confidentiality. Nursing staff were trained to carry out assessments and deliver patient screening and treatment programmes including immunisations, vaccinations and cervical screening.
- Nursing and GP staff had ongoing clinical supervision. Nurses working at the practice had effective current Nursing and Midwifery Council (NMC) registration. All GPs had or were preparing for their revalidation. (Every GP is appraised annually, and undertakes a fuller assessment called revalidation every five years. Only when revalidation has been confirmed by the General Medical Council can the GP continue to practise and

remain on the performers list with NHS England). We saw that the GPs and nurses undertook refresher training courses to keep their continuous professional development up to date and to ensure that their practice was in line with best practice and current guidance.

### 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 shared folder system. This included care and risk assessments, care plans, medical records and test results. Information such as NHS patient information leaflets and a wide range of patient information leaflets were also available. All relevant information was shared with other services in a timely way, for example when people were referred to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital.

We saw evidence that multi-disciplinary team meetings took place on a monthly basis. The care and treatment of patients who were receiving palliative care, those who were identified as being at risk of unplanned hospital admission and other vulnerable patients was discussed and reviewed. We saw that patient records and care plans were routinely reviewed and updated so as to ensure that appropriate and relevant information was available to all the agencies involved in patients care and treatment.

### Consent to care and treatment

Patients' consent to care and treatment was always sought in line with legislation and guidance including the Mental Capacity Act 2005. The practice had policies and procedures around obtaining patients consent to treatment. Staff we spoke with could demonstrate that they understood and followed these procedures. GPs and nurses we spoke with told us when providing care and treatment for children, young people or where a patient's mental capacity to consent to care or treatment was unclear, assessments of capacity to consent were also carried out in line with relevant guidance. We saw that written consent was obtained before GPs carried out



# Are services effective?

(for example, treatment is effective)

treatments such as joint injections. Written consent forms were scanned and stored in the patients' electronic records. We saw that patients were provided with detailed information about the procedures including intended benefits and potential side effects. We saw that where verbal consent was obtained for treatments and procedures that this was recorded correctly within the patients' medical record.

## Health promotion and prevention

GPs we spoke with told us that the practice was proactive in promoting patients' health and disease prevention. The practice had systems in place for identifying patients who may be in need of extra support. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.

The practice had a screening programme. The practice's uptake for the cervical screening programme for 2013/14 was 83%, compared to the national average of 81%. 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 programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given and flu vaccines for older people and at risk groups of patients who were under 65 years were:

- The percentage of infant Meningitis C immunisation vaccinations and boosters given to under two year olds was 96% compared to the CCG percentage of 97%.
- The percentage of childhood Mumps Measles and Rubella vaccination (MMR) given to under two year olds was 96% compared to the CCG percentage of 94%.
- The percentage of childhood Meningitis C vaccinations given to under five year olds was 95% compared to the CCG percentage of 96%.
- Flu vaccination rates for the over 65s were 70%, compared to national average of 73%. Seasonal flu vaccination rates for patients under 65 years with a clinical risk factor was 52% which was the same as the local CCG average.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40 to 74 years. 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 polite and helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect. Reception staff were mindful when speaking on the telephone not to repeat and personal information. They also told us if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

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.

All of the 40 patient CQC comment cards we received were positive about the service they received. Patients said they were happy with the treatment that they received. They also commented that they were treated with respect and listened to by GPs and other staff. Patients we spoke with said that they could ask questions in relation to their health and care. They told us that GPs and nurses took time to listen to them and explain treatments in a way that they could understand.

Results from the national GP patient survey, which was published on 02 July 2015 showed patients were happy with how they were treated and that this was with compassion, dignity and respect.

For example:

- 83% said the GP was good at listening to them compared to the CCG average of 84% and national average of 89%.
- 81% said the GP gave them enough time compared to the CCG average of 84% and national average of 87%.
- 95% said they had confidence and trust in the last GP they saw compared to the CCG of 94% and national average of 95%
- 80% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 81% and national average of 85%.

- 99% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of and national average of 90%.
- 76% patients said they found the receptionists at the practice helpful compared to the CCG average of 84% and national average of 87%.

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

Patients we spoke with told us GPs and nurses explained their health conditions and treatments clearly and that they answered any questions in relation to these. 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 40 comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey, which was published on 02 July 2015, showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and results were similar to the local and national averages. For example:

- 79% 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%.
- 80% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 78% and national average of 81%

Staff told us that translation services were available for patients who did not have English as a first language.

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

The practice had procedures in place for supporting patients and carers to cope emotionally with care and treatment. There were notices in the patient waiting room advising how they could access a number of support groups and organisations including counselling, advice on alcohol and substance dependency, cancer support and bereavement services.

The practice identified patients who were also a carer. There was a practice register of all people who were carers. This information was used on the practice's computer

## Are services caring?

system to alert GPs when the patient attended appointments. Written information was available for carers to ensure they understood the various avenues of support available to them.

Staff told us the practice had a protocol for supporting families who had suffered bereavement. The GP told us that they would contact bereaved families and arrange an appointment or a home visit as needed.

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

- The practice aimed to meet the needs of its patient population and offered flexibility in appointments and offered same and next day appointments where possible.
- There were longer appointments available for patients including for initial childhood immunisations and patients with a learning disability or those who needed extra support.
- Home visits were available for older patients / patients who would benefit from these.
- Urgent access appointments were available for children and those with serious medical conditions.
- Accessible facilities were available.

### Access to the service

The practice telephone lines were accessible between 8am and 6.30pm on weekdays and the surgery was open between 8.15am and 6pm. Appointments were from 8.15am to 6pm daily. Pre-bookable and same day appointments were available and patients we spoke with told us that their experiences of making appointments were good. Routine appointments could be booked up to four weeks in advance. Patients who needed to be seen urgently were offered same day appointments, next day or 48 hour access.

The practice offered a service where patients were able to book an appointment with a GP via an app on their mobile phone or tablet. Patients had the choice of a video or verbal consultation without having to visit the surgery. Consultations were recorded and available to patients via the app to refer to at a later time. This service was available between 8am and 8pm Mondays to Saturdays and between 4pm and 8pm on Sundays. Prescriptions could be sent to a nearby pharmacy or two pharmacies in London for commuters.

As required appointment visits were made to a local care home by both GPs and the practice admissions avoidance nurse.

Results from the national GP patient survey, which was published on 02 July 2015 showed that patients' satisfaction with how they could access care and treatment was higher than the local and national averages and people we spoke with on the day were able to get appointments when they needed them. For example:

- 60% of patients described their experience of making an appointment as good compared to the CCG average of 70% and national average of 73%.
- 78% of patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 68% and national average of 65%.
- 66% of patients were satisfied with the practice's opening hours compared to the CCG average of 71% and national average of 75%.
- 54% patients said they could get through easily to the surgery by phone compared to the CCG average of 72% and national average of 76%.

We saw that the practice had reviewed these results and acted where they suggested that improvements could be made. The telephone system had been upgraded to improve access to patients.

### 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. 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. This information was included in the patient leaflet. Information clearly described how patients could make complaints and raise concerns, what the practice would do and how patients could escalate their concerns should they remain dissatisfied. Each of the six patients we spoke with were aware of the process to follow if they wished to make a complaint.

We looked at a summary of complaints received within the previous twelve months and saw that these had been acknowledged, investigated and responded to within the complaints procedure timeline. We saw that a suitable

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

apology was given to patients when things went wrong or their experience fell short of what they expected. Staff who we spoke with said that learning from complaints was shared and any improvements arising from these were actioned and embedded into practice.

# 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 and ethos, which was described in their Statement of Purpose. The ethos within the practice was to provide personalised high quality care for all its patients. Patients had access to GPs throughout the day via face to face appointments or for advice and telephone consultations. The strategy included planning for the future. Staff were clear about the vision and their responsibilities in relation to this. Information about the practice was available to staff and patients.

### Governance arrangements

The practice had an overarching governance framework to support the delivery of good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and accountability. Staff were supported and trained to fulfil their roles and responsibilities within the practice team.
- The GP and nurses had lead roles and special interests in a number of long term conditions and health promotion to improve treatments and outcomes for patients.
- Practice specific policies and procedures were available to all staff. These policies were regularly reviewed and amended so that reflected any changes in legislation and guidance.
- The quality of services provided was monitored and improved where required through a system of clinical audits, reviews and benchmarking against local CCG performance criteria.
- Risks to patients and staff were identified and managed through systems of monitoring and learning from when things went wrong.

### Leadership, openness and transparency

GPs and staff we spoke with demonstrated that the practice encouraged a culture of openness and honesty. There were clear lines of responsibility and accountability and staff were aware of these. Staff said that they were well supported and they felt able to speak openly and raise issues as needed. They told us that GPs were approachable and caring.

A range of clinical and non-clinical practice meetings were held on a regular basis during which staff could raise issues and discuss ways in which the service could be improved. Complaints and any other issues arising were discussed and actions planned to address these during the practice meetings.

### 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 surveys and informal comments and received. There was an active Patient Participation Group (PPG) which met on a regular basis.

The practice actively encouraged patients to participate in the NHS Friends and Family Test and monitored these results. We saw that all patients who completed this survey were either extremely likely or likely to recommend the practice to their friends and family.

We saw that the practice had an open culture where patients could make comments and suggestions and that these were acted upon to improve their experiences of using the service.

The practice had also gathered feedback from staff through staff meetings and discussions. Staff told us they were encouraged to give feedback and discuss any concerns or issues with colleagues and management. They also told us they felt involved and engaged to improve how the practice was run.