

Highgate Group Practice

Quality Report

44 North Hill
Highgate
London N6 4QA
Tel: 020 8340 6628
Website: www.highategrouppractice.com

Date of inspection visit: 28 April 2016
Date of publication: 12/07/2016

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

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	10
Areas for improvement	10
Outstanding practice	10

Detailed findings from this inspection

Our inspection team	11
Background to Highgate Group Practice	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection on 28 April 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they generally found it easy to make an appointment and the practice encouraged continuity of care. Urgent appointments were 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.
- The provider was aware of and complied with the requirements of the duty of candour.

We noted an aspect of outstanding practice:

- The provider operated a family clinic twice a month, which gave patients an opportunity to talk about family concerns, such as children's behaviour and well-being, or difficulties arising when a family

Summary of findings

member had a physical or mental illness. The clinical group was comprised of a partner GP, an employed counsellor and two visiting family therapists. The practice was the only one in the local CCG that offered the service.

However there was an area of practice where the provider should make improvement:

- Continue with efforts to identify patients' carer status opportunistically, to increase the current comparatively low figure of 0.65% of patients on the practice list.

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 was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes had been comparable with local and national averages and had improved slightly over the past 12 months.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

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

Good



Summary of findings

- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Patients said they generally found it easy to make an appointment, with urgent appointments available the same day.
- Results from the GP patient survey indicated that a lower percentage of patients when compared to local and national averages were happy with the practice opening hours. We saw that the practice was reviewing the service provision, including patient access issues.
- Patients told us the practice was accessible, flexible and continuity of care had improved over the last year.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.

Good



Summary of findings

- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active, although engagement between the group and the practice could be improved.
- There was a focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice provided a service to three local care homes.
- The practice maintained an Avoiding Unplanned Admissions register of 271 patients, all of whom had up-to-date care plans. The number of Emergency Admissions was lower than local and national averages.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- Data showed that the practice performance relating to hypertension and diabetes care was comparable to the local average and had improved in the last year. It maintained a register of 352 patients with diabetes and had carried out annual foot checks on 313 (89%) of the patients, being above local and national averages.
- The percentage of patients on the practice's asthma register, who have had a review in the preceding 12 months was comparable with local and national averages.

Good



Families, children and young people

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

Good



Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances and maintained a register of vulnerable children.
- Immunisation rates for all standard childhood immunisations were above the local average.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- The practice had its own part-time counsellor and ran a dedicated family clinic twice a month. It was the only practice in the local CCG that offered the service.
- The number of patients identified as carers was comparatively low. We were told the figures were likely to be inaccurate, as the information was recorded when patients first registered. The practice was making efforts to update the carer information opportunistically.

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 practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice's uptake for the cervical screening programme in 2014/15 was 83%, comparable with the national average of 81%.
- The practice's results for bowel and breast cancer screening were above the CCG average.
- Data showed that 5,518 patients (90% of those eligible) had undergone blood pressure checks.

Good



People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

- The practice held a register of patients living in vulnerable circumstances including homeless people, and those with a learning disability.

Good



Summary of findings

- The practice offered longer appointments for patients with a learning disability. It maintained a register of 24 patients and had carried out annual follow ups and care plan reviews in relation to their care.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

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

- The practice maintained a register of 79 patients diagnosed with dementia. Sixty-five of the patients had their care reviewed in a face to face meeting in the last 12 months, being comparable with local and national averages.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- Data showed that 112 patients, being 84% of those with severe mental health problems, had an agreed care plan documented in their records, being comparable with local and national averages.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The latest national GP patient survey results were published in January 2016 and covered the periods January - March 2015 and July - September 2015. The results showed the practice was performing in line with local and national averages. Three hundred and thirty-three survey forms were distributed and 103 were returned. This represented roughly 0.75% of the practice's list of approximately 15,300 patients.

- 76% of patients found it easy to get through to this practice by phone compared to the local average of 76% and the national average of 73%.
- 90% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the local average of 84% and the national average of 85%.
- 75% of patients described the overall experience of this GP practice as good compared to the local average of 81% and the national average of 85%).

- 88% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the local average of 77% and the national average of 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 26 comment cards, all of which were positive about the standard of care received, saying that staff were friendly, supportive and helpful, and that the premises were always clean. They said that GPs and the nurse took time to explain healthcare issues and involved them in decision making.

We spoke with ten patients during the inspection, including a member of the patient participation group. All the patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

The latest available Friends and Family Test results showed that all 10 patients who had responded would recommend the practice.

Areas for improvement

Action the service **SHOULD** take to improve

Continue with efforts to identify patients' carer status opportunistically, to increase the current comparatively low figure of 0.65% of patients on the practice list.

Outstanding practice

The provider operated a family clinic twice a month, which gave patients an opportunity to talk about family concerns, such as children's behaviour and well-being, or difficulties arising when a family member had a physical

or mental illness. The clinical group was comprised of a partner GP, an employed counsellor and two visiting family therapists. The practice was the only one in the local CCG that offered the service.

Highgate Group Practice

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Highgate Group Practice

Highgate Group Practice operates from 44 North Hill, Highgate, London N6 4QA. The premises are purpose-built and are connected to another building from which the local NHS Trust provides other healthcare services. The premises are leased from the Trust.

The practice provides NHS services through a Personal Medical Services (PMS) contract to approximately 15,300 patients. It is part of the NHS Haringey Clinical Commissioning Group (CCG) which is made up of 45 general practices. The practice is registered with the CQC to carry out the following regulated activities - Diagnostic and screening procedures; Family planning; Treatment of disease, disorder or injury; Surgical procedures; and Maternity and midwifery services. The patient profile for the practice has a lower than average teenage and younger adult population, with a higher number of working age patients.

The practice has a clinical team of seven GP partners (three female and four male), together with three female salaried GPs and a male salaried GP. The partner GPs work between four and seven clinical sessions per week; the salaried GPs between three and six. There are four practice nurses and a healthcare assistant. It is a teaching practice, with four

registrars (trainee doctors) working there currently. The practice also employs a part-time counsellor. The administrative team is led by a managing partner and comprises 14 administrative and reception staff.

The practice opens from 7.45 am to 7.00 pm on Monday to Thursday and from 7.45 am to 6.30 pm on Friday. Telephones are answered from 8.00 am to 12.30 pm and from 1.00 pm to 6.30 pm. Routine consultations with GPs, nurses and the health care assistant are by appointment, which can be booked up to 2 weeks in advance. Routine appointments commence at 7.50 am and are 10 or 15 minutes long. Same day emergency appointments become available at 8.00 am and again at 1.00 pm, being triaged by the duty GP. The GPs also conduct telephone consultations with patients and make home visits.

The practice has opted out of providing an out-of-hours service. Patients calling the practice when it is closed are connected with the local out-of-hours service provider. There is information given about the out-of-hours provider and the NHS 111 service on the practice website.

We had inspected the practice using our previous methods in February 2014, when we found that it was complying with the regulations in force at the time.

Why we carried out this inspection

We carried out a comprehensive inspection of the practice 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 28 April 2016. During our visit we:

- Spoke with a range of staff including GPs, the managing partner, the practice nurses and healthcare assistant, members of the administrative team and the practice counsellor. We also spoke with ten patients who used the service, including a member of the patient participation group.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- One of the GP partners was responsible for leading on significant events and incidents. We saw that staff would inform the managing partner of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice had a detailed procedure for recording and investigating significant events, to ensure a thorough analysis of the significant events was carried out.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We were shown the practice's policy for investigating accidents and incidents. We saw that the managing partner received safety alerts and triaged them for passing on to colleagues. The alerts were collated, recorded and filed. We saw a recent example that had been passed on to relevant staff and discussed at the weekly clinical meeting.

We saw evidence that lessons were shared and action was taken to improve safety in the practice and with other healthcare providers. There had been six significant events in the previous 12 months. We saw that as a consequence of two events involving the local palliative care team, one relating to missing records and the other regarding errors in documentation, the practice was working with the palliative care team to improve communications and ensure that documentation was accurate.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. One of the GP partners was lead for adult safeguarding and another led on child protection. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child safeguarding level 3; the practice nurses to level 2; with the administrative staff being trained to level 1.

A notice in the waiting room advised patients that chaperones were available if required. Only clinical staff performed chaperoning duties and we saw that they had received formal training and that repeat Disclosure and Barring Service (DBS) checks had been carried out. 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. Cleaning was undertaken by a contractor following agreed written cleaning schedules and logs were maintained. One of the practice nurses was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. We saw that the further relevant training had been identified for the nurse in relation to the role. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were carried out and we saw evidence that action was taken to address any improvements identified as a result. All medical equipment and instruments was single use and all the items we inspected was in date and fit for use. Curtains in the nine consulting rooms and two treatment rooms were paper, and were disposed of when necessary. The practice had a spillage kit and a sufficient supply of personal protective equipment, such as surgical gloves, aprons and masks. All medical instruments were single-use. Notices advising on procedures relating to sharps injuries were posted in the consultation and treatment rooms. Standard bins in the rooms were pedal-operated. Sharps bins were

Are services safe?

appropriately assembled and labelled. Clinical waste was disposed of by a licensed contractor. There were cleaning schedules in place for equipment, such as the spirometer – a device for measuring breathing performance. The practice maintained records of staff members' vaccinations, for example Hepatitis B.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe including obtaining, prescribing, recording, handling, storing, security and disposal. Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow the nurses to administer medicines in line with legislation. The health care assistant was trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber. The practice appropriately monitored and recorded stocks of medicines and vaccines. We saw that the vaccines fridge temperature was also monitored and recorded. All the medicines and vaccines we saw were within date and fit for use.

We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Criminal Records Bureau or Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed. There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had protocols in place relating to fire safety and fire drills. A fire risk assessment had been carried out in April 2015 and we were shown evidence that one was booked to be completed shortly after our inspection. Firefighting equipment had been checked and serviced in January 2016. The fire alarm was tested weekly and staff

had received suitable online refresher training. The annual testing of electrical equipment had been completed shortly before our inspection. The practice sent us confirmation that an inspection of the fixed wiring had been booked. The annual checking and calibration of some medical equipment had been delayed by circumstances beyond the practice's control, but we were shown confirmation that an inspection had been scheduled for early May. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health, infection control. We saw evidence that an inspection and risk assessment relating to legionella, a particular bacterium which can contaminate water systems in buildings, was to be carried out shortly after our visit.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises, which was checked on a monthly basis. We saw that the pads were in date and the battery was charged ready for use. The practice also had an oxygen supply, with adult and children's masks. There was a first aid kit and accident record book was maintained.
- 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 business continuity plan and risk assessment in place for major incidents such as power failure or building damage, which included arrangements for the service to be provided from alternative nearby premises. The plan had last been reviewed in November 2015. It contained emergency contact numbers for staff and made provision for the service to be relocated to a nearby practice, should the premises be unusable.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. Staff told us of recent NICE guidelines received relating to cancer care and the use of statins / anti-hypertensive medication combinations.
- 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 related to 2014/15 and were 92.2% of the total number of points available being 1.4% above the CCG average and 2.5% below the national average. The practice's clinical exception rate was 6.7%, which was 2.3% below the CCG average and 2.5% below the national average. Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects. This practice was not an outlier for any QOF or other national clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators was 80.5%, being 1.3% below the CCG average and 8.7% below the national average.
- Performance for hypertension related indicators was 90.7%, being 4.6% below the CCG average and 7.1% below the national average.
- Performance for mental health related indicators was 96.2%, being 6.3% above CCG Average, and 3.4% above the national average.

We discussed the data with the practice which was able to show us the figures for 2015/16. The performance for diabetes related indicators had improved to 89.5% and for hypertension related indicators an improvement to 92.3% was noted. The overall performance had increased to 96.3%.

There was evidence of quality improvement including clinical audit. There had been 11 clinical audits carried out in the last two years. Of these, four were completed audits where the improvements made were implemented and monitored. For example, an audit was carried out of female patients aged between 60 and 64 on hormone replacement therapy (HRT) in 2014 and repeated in January 2016. The audit showed that in 2014, 53 of 54 patients had been seen and risks had discussed with 33 of them (62%). None of the discussions were recorded on the appropriate record template. In 2015, 48 out of 50 patients had been seen. The records indicated that risk discussions had taken place in 21 cases (43%), with 12 patients (25%) having had that discussion coded on the template. The audit showed that fewer patients (those receiving a particular hormone) had had risk discussions, but overall more use was being made of the template. To improve patients' outcomes, action proposed by the practice as a result of the audit included discussing and recommending use of the template in practice education meeting and updating the patients' records.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice had a suitable information pack for use by locum GPs employed from time to time.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- 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

Are services effective?

(for example, treatment is effective)

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. All staff had received an appraisal within the last 12 months and the appraisal included “360 degree” feedback, allowing staff to comment on the support they received from managers.
- Staff received training that included: safeguarding, fire safety awareness, basic life support the Mental Capacity Act and information governance. Staff had access to and made use of a range 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.
- 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. Teleconference meetings took place with other health care professionals on a weekly basis, when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- 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. 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. A community dietician attended the practice twice a month; patients being referred to the service by a GP.

The practice’s uptake for the cervical screening programme for 2014/15 was 83.2%, which was above the national average of 81.8%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice 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 screening. The practice’s results for both of these were above the CCG average. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates were above the local averages. For example, childhood immunisation rates for the vaccines given to under two year olds ranged from 88% to 99% and five year olds from 87% to 94%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. We saw data showing that 5,518 patients, being 90% of those eligible for

Are services effective?

(for example, treatment is effective)

the checks, had undergone them in the last five years. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

The practice employed a counsellor and operated a dedicated family clinic twice a month. The clinic provided

patients with an opportunity to talk about family concerns, such as children's behaviour and well-being, or difficulties arising when a family member had a physical or mental illness. The clinical group was comprised of the counsellor, a partner GP and two visiting family therapists. The practice was the only one in the CCG that offered the service.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All of the 26 patient comment cards we received and the ten patients we spoke with 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. Comment cards and patients we spoke with highlighted that staff responded compassionately when they needed help and provided support when required. We saw that patients were greeted by reception staff in a clear, courteous and articulate manner.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice's satisfaction scores on consultations with GPs and nurses were generally above local averages. For example -

- 89% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 86% and the national average of 89%.
- 88% of patients said the GP gave them enough time compared to the CCG average of 83% and the national average of 87%.
- 95% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.
- 84% of patients said the last GP they spoke to was good at treating them with care and concern, compared to the CCG average of 81% and the national average of 85%.

- 84% of patients said the last nurse they spoke to was good at treating them with care and concern, compared to the CCG average of 83% and the national average of 91%.
- 83% of patients said they found the receptionists at the practice helpful, compared to the CCG average of 86% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. They said that treatment choices were fully explained and both clinical and non-clinical staff gave them the opportunity to ask questions about their health condition, treatments and about the service generally. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

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

- 89% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% and the national average of 86%.
- 85% 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%.
- 74% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 77% and the national average of 85%.

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

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

Are services caring?

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.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 96 patients as carers, being approximately 0.65% of the practice list. We discussed this with the practice and were told that the comparatively low figure was likely to be inaccurate as the

coding was out of date, having been done only at the time of registration. The practice was aware of the issue and was proceeding to check patients' carer status opportunistically, when they attended for consultations. Written information was available to direct carers to the various avenues of support available to them.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- The practice opened early all week and late on Mondays to Thursdays for patients, including parents bringing their children for consultations, who were not able to attend during normal working or school hours.
- 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.
- All patients could request a telephone consultation, avoiding the need to attend the practice.
- Same day appointments were available for children and those patients with medical problems that required urgent consultation.
- Patients were able to receive travel vaccines available on the NHS, as well as those only available privately.
- There were disabled facilities, including a hearing loop and translation services were available.
- Appointments could be booked and repeat prescription requested online.

Access to the service

The practice opened from 7.45 am to 7.00 pm on Monday to Thursday and from 7.45 am to 6.30 pm on Friday. Telephones were answered from 8.00 am to 12.30 pm and from 1.00 pm to 6.30 pm. Routine consultations with GPs, nurses and the health care assistant were by appointment, which could be booked up to 2 weeks in advance. Routine appointments commenced at 7.50 am and were 10 or 15 minutes long. Same day emergency appointments, each seven minutes long, became available at 8.00 am and again at 1.00 pm, being triaged by the duty GP. The GPs also conducted telephone consultations with patients and made home visits.

The practice had opted out of providing an out-of-hours service. Patients calling the practice when it is closed are connected with the local out-of-hours service provider. There was information given about the out-of-hours provider and the NHS 111 service on the practice website.

In addition to booking appointments, repeat prescriptions could be requested online and the practice used the Electronic Prescription System to allow patients' prescription to be sent electronically to a pharmacy of their choice.

We saw from the results of the national GP patient survey showed that most patients were happy with their experience of contacting the practice by phone - 76% of patients said they could get through easily compared to the local average of 76% and the national average of 73%. However, 61% of patients were satisfied with the practice's opening hours compared to the local average of 71% and the national average of 75%. None of the patients we spoke with, or any of the comments cards we received, mentioned opening hours being a problem. Two of the comments cards mentioned delays in getting routine appointments with their preferred GPs and one said it was sometimes difficult to get an emergency appointment, involving a long wait on the phone either early in the morning or afternoon sessions. However, other cards mentioned it was easy to get both routine and emergency appointments and this was borne out by patients we spoke with on the day. Emergency appointments became available at 8.00 am and again at 1.00 pm. This was mentioned on the practice website and in the practice leaflet, with a request that patients calling for non-urgent reasons avoid phoning during the busy periods. The practice had arranged for extra staff to be on duty at these times.

The practice website and paper leaflet provided detailed information on the service as well as containing guidance and links regarding various healthcare issues and local services. We also saw an example of the quarterly patient newsletter, giving concise information about appointments prescriptions and services available.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.

Are services responsive to people's needs?

(for example, to feedback?)

- We saw that information was available to help patients understand the complaints system. There were notices posted around the premises and a complaints leaflet available both at the practice and on its website.

We saw that 13 complaints had been made during the last 12 months. The complaints were satisfactorily handled, dealt with in a timely way, with openness and transparency. They were monitored and discussed at monthly meetings and reviewed on an annual basis. They were analysed in detail to identify any trends and action was taken as a result to improve the quality of care. For example, a patient had complained that the wrong medication (immediate,

rather than time-release) had been issued and that the prescription had not been processed using the Electronic Prescribing System (EPS), directly to the pharmacist. The complaint was investigated and it was found that the medication in question was a controlled drug and therefore not appropriate for processing on EPS. However, the information available to patients using the EPS did not make this clear. The practice updated the information so that patients were aware of the types of medication that could be obtained using the EPS. In addition, the patient's records were updated to ensure that time-release medication was to be prescribed.

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. Its aims and objectives were set out in its statement of purpose, as follows –

- To provide a high standard of care in all areas of family medicine.
- To provide the best possible quality service for our patients within a confidential and safe environment through effective collaboration and teamwork.
- To show our patients courtesy and respect at all times irrespective of ethnic origin, religious belief, personal attributes or the nature of the health problem.
- To involve our patients in decisions regarding their treatment.
- To promote good health and wellbeing to our patients through education and information; also utilising electronic processes wherever possible to make care and information more accessible.
- To involve and collaborate in multidisciplinary team work including nursing and other allied healthcare professionals in the care of our patients.
- To encourage our patients to get involved in the practice through our patient participation group and encouragement to comment on the care they receive.
- To ensure that all members of the team have the right skills and training to carry out their duties competently, and they have opportunities to discuss and learn from problems or issues that arise at any time.
- To provide safe, effective health primary care services in a responsive way; meeting the needs of our patients.
- To support continuity of care – wherever possible through personal continuity; but also through medical record continuity enabled by high quality medical records; and following guidelines based on best evidence, national, and local policy.
- To be an active and responsible member in our local health community ensuring our practice and services to our patients are commissioned and provided in a way most likely to meet their needs.
- To ensure the practice is compliant with relevant legislation and policy relevant to maintaining trust and confidentiality, as well as to ensure we practice high quality medicine.

- To provide a learning environment where we teach and train registrars, students and health professionals. This learning and continual improvement ethos runs through everything we do, we look to continuously make incremental improvements and learn lessons from delivering primary health care.

Staff we spoke with knew, understood and supported the aims and values. The practice charter and its responsibilities to patients were included on its website and in the practice leaflet.

The practice had a robust strategy and supporting business plans which reflected the aims and values and which 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 in place and ensured that:

- There was a clear staffing structure and we found that staff were aware of their own roles and responsibilities, including specific for clinical and healthcare subject areas.
- Practice-specific policies were implemented, regularly reviewed and available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

The partner GPs 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 partner GPs were approachable and always took the time to listen to all members of the practice team.

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

Are services well-led?

Good 

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

support training for all staff on communicating with patients about notifiable safety incidents. The partner GPs encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment.

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

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

- Staff told us the practice held regular team meetings. We saw minutes confirming these took place weekly.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the GP partners and managing partner. All staff were involved in discussions about how to run and develop the practice, and the partner GPs encouraged all members of staff to identify opportunities to improve the service delivered by the practice. For example, a member of the administrative staff told us they had been involved in reviewing and updating practice policies and procedures.
- Staff told us of regular social events arranged by the practice.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service. For example we saw that in September 2015 the practice had carried out an online survey of patients prescribed four or more medication courses for feedback on the medicines review process. Another example we saw was a form giving positive feedback from a patient who had attended the practice Family Clinic.

The practice also gathered feedback from patients through the patient participation group (PPG) and through suggestions and complaints received. We spoke with a PPG member who told us the practice was very receptive and worked well with the group. The PPG had been established for several years. Meetings were held regularly at

convenient times and were attended by on average 10 members. In addition to the face-to-face meetings, there were 95 members of the "virtual PPG", who were contacted by email to discuss service issues and provide feedback. The practice thought this arrangement allowed it to better access a wider patient group in terms of gender, age and ethnic background. We saw the annual PPG report for 2015/16, which highlighted six priority areas and recorded action taken by the practice. They included a new telephone system being introduced and better information being given to patients advising when they should call to book emergency appointments and regarding non-urgent matters. Another area was the introduction by the practice of routine appointments being bookable two weeks in advance, rather than a month in advance. This had been intended to reduce the number of patients who failed to attend appointments that had been booked a month previously. After discussion with the PPG, the practice had agreed to trial a system whereby appointments could again be booked a month in advance. But patients were required to re-confirm them 48 hours beforehand. In the absence of the confirmation, the slots could be released for other patients, needing short-notice appointments. Following the trial, complaints about access had decreased and positive feedback was noted in patients' responses to the Friends and Family Test survey. The permanent re-introduction of one-month appointment system was being reviewed by the practice.

The practice had gathered feedback from staff through staff meetings, appraisals and general discussion, and on annual training days. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

Staff told us that the practice encouraged training and development. For example, one administrative staff member told us that they had trained with the medical secretaries to get a greater awareness of the service, including medical terminology and how the practice worked with other healthcare providers. Staff told us they were given protected learning time to attend to training requirements.

We saw the minutes of a recent staff training day, when all staff were involved in discussing and formulating means of

Are services well-led?

Good 

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

dealing with what were perceived to be “problematic areas within the practice”. Staff also discussed various issues

such as significant events, complaints and patients’ unplanned admission to hospital, so that steps could be taking to improve patients’ experience of the service and their overall healthcare outcomes.