

# Dr Winston Solomon

## 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 Dr Winston Solomon on 20 December 2016. The overall rating for the practice was 'requires improvement'. The full comprehensive report on the December 2016 inspection can be found by selecting the 'all reports' link for Dr Winston Solomon on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was undertaken to follow up on the concerns identified in December 2016 and was an announced comprehensive inspection on 16 October 2017. Overall the practice is now rated as 'good'.

Our key findings were as follows:

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.
- The practice had clearly defined and embedded systems to minimise risks to patient safety.

- Staff were aware of current evidence-based guidance. Staff had been trained to implement the guidance; they had the skills and knowledge to deliver effective care and treatment.
- Results from the national GP patient survey showed patients were treated with compassion, dignity and respect and their GPs involved them in their care and decisions about their treatment.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients we spoke with said they could make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by the management team. The practice proactively sought feedback from staff and patients, which it acted on.

# Summary of findings

- The provider was aware of the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.
- The provider had acted to improve the quality of the service by responding to the concerns raised by CQC at the previous inspection in December 2016. For example, the provider had taken action to ensure the safe management of medicines and implemented a new, diabetes clinic to improve the quality of care for some patients.

We saw one area of outstanding practice:

- The practice had made a commitment to improve outcomes for patients with diabetes. There was a weekly, diabetes-care clinic led by a GP with a special interest in diabetes; new patient education materials had been developed, and additional staff training had been arranged. This had successfully improved outcomes for all of the diabetic patients who had attended the clinic. This was demonstrated through a 2-cycle audit showing that patients

attending the clinic had improved blood sugar readings; HbA1c levels showed an average reduction of 23 mmol/mol with the largest, single reduction in any patient being 49 mmol/mol.

The areas where the provider should make improvements are:

- Review arrangements for minimising risks relating to the management of the premises.
- Monitor patient feedback from all sources, including results from the national GP patient survey, to drive improvements in patients' experiences of engaging with the provider.
- Check that recent changes lead to increases in the number of carers identified and supported by the practice

**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.

- From the sample of documented examples we reviewed, we found there was an effective system for reporting and recording significant events; lessons were shared to make sure action was taken to improve safety in the practice. When things went wrong patients were informed as soon as practicable, received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had adequate arrangements to respond to emergencies and major incidents.
- The practice had defined and embedded systems, processes and practices to minimise risks to patient safety. However, there were some further actions that could be taken to minimise risks, for example in relation to the management of fire safety and Legionella control, that were identified during the inspection. The practice was responsive to our feedback in this area. They sent us evidence on the day after the inspection that action had been taken to address these concerns.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Staff were aware of current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- End of life care was coordinated with other services involved.
- Data from the Quality and Outcomes Framework (QOF) showed the majority of patient outcomes were comparable to the national average.

Good



# Summary of findings

- In areas where the QOF data identified a below than average performance, the practice had taken action to improve. For example the practice could demonstrate through an audit cycle that their actions to improve the care of patients with diabetes had resulted in better outcomes for these patients.

## Are services caring?

The practice is rated as good for providing caring services.

- Information for patients about the services available was accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Data from the national GP patient survey showed patients rated their GPs higher than others for several aspects of care.
- Survey information we reviewed showed that patients said they were treated with compassion, dignity and respect. However, not all patients felt they were involved in decisions about their care and treatment during visits to the practice nurse. The provider had taken action to resolve these concerns through the redistribution of staff responsibilities, and the recruitment of additional staff. This allowed the nursing staff adequate time during consultations.

Good



## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice understood its population profile and had used this understanding to meet the needs of its population. For example, the practice had worked with the Patient Participation Group to improve communication with local community and religious groups in order to break down perceived barriers to accessing timely care.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- Patients we spoke with said they could make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and evidence from three examples reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



# Summary of findings

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

Good



# Summary of findings

## The six population groups and what we found

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

### Older people

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

- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Where older patients had complex needs, the practice shared summary care records with local care services. For example, the practice had a system to ensure that they shared information around medicines management with hospitals and local care homes.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible. For example, the provider hosted weekly yoga sessions for older patients and also organised, with input from the Patient Participation Group (PPG), tea parties to engage older patients who were at risk of social isolation.

Good



### People with long term conditions

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

- Performance for diabetes related indicators had historically been lower than the national average. For example, in 2016/17, 68% of patients with diabetes had recorded acceptable average blood pressure reading, which was comparable to the CCG average (68%) but lower than the national average of 78%. The practice had taken action to address these issues. A diabetes specialist clinic had been introduced in February 2017 and had concentrated on those patients at highest risk. All of the

Outstanding



# Summary of findings

patients attending the clinic showed improved blood sugar control after four months. The practice had also developed new, patient education materials and arranged for in-house diabetes care training for all staff.

- Nursing and pharmacy staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.
- All these patients had a named GP and there was a system to recall patients for a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice had audited their exception reporting rates for atrial fibrillation and heart failure. This had identified reasons for reporting each patient as an exception and the practice demonstrated that they continued to monitor outcomes for each patient.

## Families, children and young people

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

- From the sample of documented examples we reviewed we found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us, on the day of inspection, that children and young people were treated in an age-appropriate way and were recognised as individuals.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications.

Good





# Summary of findings

## **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 these populations had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care, for example, extended opening hours and Saturday appointments.
- 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.

Good



## **People whose circumstances may make them vulnerable**

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

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

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).

- The practice carried out advance care planning for patients living with dementia.
- < >85% of patients with a serious mental health condition had had a care plan review within the past 12 months, which is comparable to the national average.

Good



# Summary of findings

The practice specifically considered the physical health needs of patients with poor mental health and dementia. For example, the practice had recently improved access to brief, mental health advice through liaising closely with the local Improving Access to Psychological Therapies (IAPT) service.

- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- Patients at risk of dementia were identified and offered an assessment.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and dementia.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published in July 2017. The results showed the practice was performing in line with local and national averages. 271 survey forms were distributed and 112 were returned. This represented 3% of the practice's patient list.

- 75% of patients described the overall experience of this GP practice as good compared with the CCG average of 74% and the national average of 85%.
- 53% of patients described their experience of making an appointment as good compared with the CCG average of 58% and the national average of 73%.
- 73% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 66%, and the national average of 77%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection.

We received 48 comment cards which were all positive about the standard of care received. The majority of patients made positive comments about the practice and its staff. Patients felt that their concerns were listened to and they were given good advice by the clinical staff.

We spoke with 10 patients during the inspection. All of the patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. A couple of patients told us that they had occasionally experienced issues with making appointments; this was echoed in a couple of the comments cards we received. However, the majority were satisfied with their experience of making appointments.

We also reviewed the results of the practice's Friends and Family Test. The majority of patients that had completed this test were likely to recommend the practice to friends and family.

## Areas for improvement

### Action the service SHOULD take to improve

- Review arrangements for minimising risks relating to the management of the premises.
- Monitor patient feedback from all sources, including results from the national GP patient survey, to drive improvements in patients' experiences of engaging with the provider.

- Check that recent changes lead to increases in the number of carers identified and supported by the practice

## Outstanding practice

- The practice had made a commitment to improve outcomes for patients with diabetes. There was a weekly, diabetes-care clinic led by a GP with a special interest in diabetes; new patient education materials had been developed, and additional staff training had been arranged. This had successfully improved outcomes for all of the diabetic patients who had

attended the clinic. This was demonstrated through a 2-cycle audit showing that patients attending the clinic had improved blood sugar readings; HbA1c levels showed an average reduction of 23 mmol/mol with the largest, single reduction in any patient being 49 mmol/mol.

# Dr Winston Solomon

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and included a GP Specialist Advisor.

## Background to Dr Winston Solomon

Dr Winston Solomon, also known as St Clement's Surgery, is located in Ilford in outer north east London. It is part of the NHS Redbridge Clinical Commissioning Group (CCG).

The practice population comes from across the age range, with somewhat higher numbers of children and working-age people registered at the practice. The practice location is average in terms of levels of deprivation. The practice has approximately 3,700 registered patients. The practice provider stated that around eighty per cent of practice's patients are of Asian origin and most of them are Muslims.

Services are provided by Dr Winston Solomon under a General Medical Services (GMS) contract with NHS England.

The practice is in a refurbished residential property. Patient areas on the ground floor include a reception area, a practice manager's office, a consulting room and a treatment room in which minor surgery is carried out. The ground floor is wheelchair accessible and there is a disabled toilet. There are a further two consulting rooms on the first floor.

Dr Winston Solomon is a teaching practice for medical students.

Four GPs (two male and two female) work at the practice. Overall the practice provides 20 GP sessions each week. There is also a practice nurse, a pharmacist and a health care assistant working at the practice. The clinical staff are supported by a team of reception, administrative, and secretarial staff headed up by a full time practice manager.

The practice's opening times are

- 9.00am to 6.30pm on Monday, Wednesday, Thursday and Friday.
- 9.00am to 8.30pm on Tuesday.

Patients are directed to an out of hours GP service outside these times.

The doctors' clinic times are:

- 9.30am to 12.30pm and 3.30pm to 6.00pm on Monday, Wednesday, Thursday and Friday.
- 9.30am to 12.30pm and 3.30pm to 8.20pm on Tuesday.

Dr Winston Solomon is registered with the Care Quality Commission to carry on the following regulated activities: Diagnostic and screening procedures, Family planning, Maternity and midwifery services, Surgical procedures, and Treatment of disease, disorder or injury.

We previously carried out an announced comprehensive inspection at Dr Winston Solomon on 20 December 2016. The overall rating for the practice at that time was 'requires improvement'. We identified concerns related to the key questions of whether the practice was 'safe', 'effective' and 'well-led'. The full comprehensive report on the December 2016 inspection can be found by selecting the 'all reports' link for Dr Winston Solomon on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

# Detailed findings

This inspection was undertaken to follow up on the concerns identified in December 2016 and was an announced, comprehensive inspection on 16 October 2017.

## Why we carried out this inspection

We undertook a comprehensive inspection of Dr Winston Solomon on 20 December 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as 'requires improvement' providing 'safe', 'effective' and 'well led' services.

We undertook a further announced comprehensive inspection of this service on 16 October 2017. This inspection was planned to check whether the provider had made improvements since the previous inspection and was now meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

## 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 16 October 2017.

During our visit we:

- Spoke with a range of staff including the lead GP, a salaried GP, practice nurse, pharmacist, health care assistant, practice manager and reception staff.
- Spoke with patients who used the service.
- Observed how patients were being cared for in the reception area and talked with carers and/or family members.

- Reviewed a sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Visited the practice location.
- Looked at information the practice used to deliver care and treatment plans.

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

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

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

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

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

# Are services safe?

## Our findings

At our previous inspection on 20 December 2016 we rated the practice as 'requires improvement' for providing safe services as guidelines for reviewing high-risk medicines were not always being adhered to.

These arrangements had significantly improved when we undertook a follow up inspection on 16 October 2017. The practice is now rated as 'good' for providing safe services.

### Safe track record and learning

There was a system for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- From the sample of three documented examples we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. The practice carried out a thorough analysis of the significant events.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, the practice had changed the protocols for reviewing scan reports following an incident when a report had not reached the correct GP in a timely manner.
- The practice also monitored trends in significant events and evaluated any action taken.

### Overview of safety systems and processes

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

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three. Nursing, and other clinical staff had trained to level two; non-clinical staff had trained to level one.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place.
- The practice manager and lead GP were the infection prevention and control (IPC) leads who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up-to-date training. The practice had had an external IPC audit in 2016. We saw evidence that action was taken to address any areas for improvement that had been identified in the audit.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- There were processes for handling repeat prescriptions which included the review of high risk medicines.

## Are services safe?

Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred. The practice carried out regular medicines audits, with the support of the pharmacist working at the practice, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems to monitor their use.

- Patient Group Directions had been adopted by the practice to allow the practice nurse to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions (PSD) to enable Health Care Assistants to administer vaccines and medicines.
- There was a pharmacist working at the practice. Within the past year, they had instigated new policies for prescribing and repeat prescriptions. They had also carried out a review of patients receiving high-risk medicines, including methotrexate. This had led to a new protocol, which included a patient-held record to ensure good co-ordination of care between the practice and local hospital providers. There was also a new system for recording all patients on higher-risk medicines. Clinical staff were able to access a log to check that adequate review had occurred for all of these patients.

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

### Monitoring risks to patients

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

- There was a health and safety policy available.
- The practice had an up-to date fire risk assessment and carried out regular fire drills. There were designated fire marshals within the practice. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.

- However, we found that the practice had not acted promptly to resolve concerns identified in the fire risk assessment. For example, the risk assessment had recommended the installation of a fire alarm system. The practice manager sent us evidence one day after the inspection that this had been ordered.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control.
- An external contractor had taken a sample of water to check for the presence of Legionella within the past year; this had shown that no Legionella was present. However, a Legionella risk assessment had not been carried out for the premises at the time of the inspection. The practice manager sent us evidence on the day after the inspection that such an assessment was now going to be carried out. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients.

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.

## Are services safe?

- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.



# Are services effective?

(for example, treatment is effective)

## Our findings

At our previous inspection on 20 December 2016 we rated the practice as 'requires improvement' for providing effective services as patient outcomes for people with diabetes were low compared to the national average.

These outcomes had significantly improved when we undertook a follow up inspection on 16 October 2017. The practice is now rated as 'good' for providing effective services.

### Effective needs assessment

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

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

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results are from 2015/2016. These showed that 96% of the total number of points available were achieved by the practice. This compared with the clinical commissioning group (CCG) average of 92% and national average of 95%.

The practice had since submitted its results for the 2016/17 QOF, although these results are not yet published in the public domain. We were able to review the 2016/17 QOF results with the practice manager on the day of the inspection site visit.

Data from 2015/16 and 2016/17 showed:

- For a range of indicators, the practice performed in line with local and national averages. For example,

performance for mental health related indicators was similar to the CCG and national averages. For example, in 2015/16, 100% of people with a serious mental health condition had a care plan in place compared to the CCG average of 90% and the national average of 88%. The 2016/17 submission showed that performance remained in line with the national average with 85% having been reviewed in the last 12 months.

- However, performance for diabetes-related indicators have been historically lower at this practice. This was noted in our inspection in December 2016. Data from the 2015/16 QOF showed that 63% of patients with diabetes had an acceptable blood sugar reading. This was an improvement on the 2014/15 submission (56%) but was still below the CCG average of 68% and the national average of 78% in that year. This figure had again improved, reaching 68% in the 2016/17 submission shown to us by the practice manager.
- The practice had instigated a new, specialist diabetes clinic in February 2017 to address these ongoing concerns. Patients with poorly controlled diabetes had been invited to attend extended appointments with a GP who has a special interest in diabetes management. New, patient education materials had been developed for diabetic patients in conjunction with visiting medical students. Staff had also been booked onto a diabetes education course. The impact of these actions had been assessed through a 2-cycle audit. This had shown an improvement in patient outcomes (as described below). The practice manager also showed us data for their performance so far in the 2017/18 QOF cycle. At the time of the inspection, 80% of the patients seen during the year to date had adequate blood sugar readings. Therefore, we found that the practice had made reliable progress in supporting patients with diabetes.
- At our previous inspection in December 2016, we had also noted that exception reporting had been comparatively high for atrial fibrillation and heart failure. Since that time, the practice had carried out an audit and prescribing review for each patient included in the exception reports. The practice had acted where it could to reduce the exception reporting by meeting with patients and reviewing their circumstances. This had not led to a significant reduction in exception reporting, but the practice was able to clearly justify the reason for the exception report on each patient. (Exception reporting is

# Are services effective?

## (for example, treatment is effective)

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).

There was evidence of quality improvement including clinical audit:

- There had been a range of clinical audits commenced in the last two years; one of these was a completed audit where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, action had been taken to improve outcomes for diabetes patients. Baseline blood sugar readings had been taken from patients attending the new, specialist diabetes clinic in February and March 2017. A follow up test had been carried out 12-16 weeks later. These tests demonstrated a significant improvement in blood sugar readings. All patients attending the clinic were found to have better control of their diabetes, as measured by blood sugar tests. Blood tests of HbA1c levels showed an average reduction of 23 mmol/mol; the largest, single reduction in any patient was 49 mmol/mol.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, the practice nurse and the pharmacist had undertaken training related to their care of 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 demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice

development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months.

- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- We reviewed a sample of five documented instances which showed that the practice shared relevant information with other services in a timely way, for example, when referring patients to other services.

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

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

### Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.

# Are services effective?

(for example, treatment is effective)

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.

## Supporting patients to live healthier lives

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

- 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 were signposted to relevant services.
- The practice had pro-actively identified those patients who were at a high-risk of developing diabetes and invited them for a review at the practice. They had been given some lifestyle advice and were being monitored on an annual basis.

The practice's uptake for the cervical screening programme was 78%, which was comparable with the CCG average of 78% and the national average of 81%.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates

for the vaccines given had been lower than the CCG/ national averages. For example, in 2015/16 rates for the Measles, Mumps and Rubella (MMR) vaccines given to under two year olds ranged had been 79%. The practice was able to demonstrate that they had successfully increased these rates to 94% in 2016/17 following outreach work in conjunction with the Patient Participation Group (PPG).

There was a policy to offer telephone or written reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer. There were failsafe systems to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

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

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

During our inspection we observed that members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patients could be treated by a clinician of the same sex.

All of the 48 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with 10 patients, including four members of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 86% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 86% and the national average of 89%.
- 85% of patients said the GP gave them enough time compared to the CCG average of 82% and the national average of 86%.
- 89% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and the national average of 95%.

- 79% 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 86%.

However, some of the results for the nursing staff was below local and national averages:

- 73% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average of 84% and the national average of 92%.
- 74% of patients said the nurse gave them enough time compared with the CCG average of 84% and the national average of 92%.
- 65% of patients said they found the receptionists at the practice helpful compared with the CCG average of 78% and the national average of 87%.
- 74% 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%.

We discussed these results with the lead GP and the practice manager. They had not been aware of this data. However, they had addressed their own concerns with staffing provision at the practice following a rapid increase in patient registrations. They had considered whether the increase in workload could have impacted on their staff's ability to spend adequate time caring for patients. This had led to the recruitment of an additional member of staff, the pharmacist, in early 2017. The pharmacist now shared the management of many patients with long-term conditions with the practice nurse. The health care assistant had also been provided with some training to support the practice nurse in registering new patients. We spoke with the practice nurse who commented that the changes in staffing had made the workload more manageable.

We concluded that the changes made could serve to address the concerns identified in the survey results. The practice manager also assured us that they would now be accessing and monitoring the results from the next GP survey in order to assess if further action was required.

We also found that the practice had an active programme for seeking and reviewing patient feedback from other sources. For example, the PPG carried out regular, in-house satisfaction surveys. The PPG held regular 'pop-in' sessions where members of the PPG were available at the surgery for all patients to speak with. The feedback that they

## Are services caring?

received from these sources was then reviewed at the PPG meetings, which included the practice manager, in order to consider if any actions were needed to improve. The practice also kept a record of the results from the Friends and Family test and used this information to review the quality of their care in staff and PPG meetings.

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

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

Children and young people were treated in an age-appropriate way and recognised as individuals. The lead GP and practice nurse understood the requirements of the Gillick competency for assessing if young people under the age of 16 years could independently access primary care services. They were also aware of, and followed, the boundaries of the Fraser guidelines for the provision of contraceptive and sexual health care in young people.

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

- 83% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 83% and the national average of 86%.
- 83% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 78% and the national average of 82%.

However, results for the nursing staff were somewhat below the local and national averages:

- 69% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 83% and the national average of 90%.

- 68% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 78% and the national average of 85%.

As noted above, the practice had recently restructured staffing at the practice to improve the workload for the practice nurse. The practice manager told us that they would monitor the next round of GP survey results to ascertain if further action was needed in this area.

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

- Staff told us that interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available. Patients were also told about multi-lingual staff who might be able to support them.
- Information leaflets were available in easy read format.
- The Choose and Book service was used with patients as appropriate. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital.

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

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 22 patients as carers (<1% of the practice list). The practice had taken action within the past month to improve the identification of carers. This included making changes to the new patient registration forms and additional guidance for clinical staff about how to identify carers. Written information was available to direct carers to the various avenues of support available to them. Older carers were offered timely and appropriate support.

## Are services caring?

Staff told us that if families had experienced bereavement, their usual GP contacted them or sent them a sympathy

card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

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

- The practice offered extended hours on a Tuesday evening until 8.30pm for working patients who could not attend during normal opening 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.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end-of-life care as part of their wider treatment and care planning.
- Same day appointments were available for children and those patients with medical problems that require same-day consultation.
- The practice sent text message reminders of appointments and test results.
- Patients were able to receive travel vaccines available on the NHS and were referred to other clinics for vaccines available privately.
- There were accessible facilities, which included a hearing loop, level-access ramp, disabled toilet and interpretation services, on request.
- Other reasonable adjustments were made and action was taken to remove barriers when patients find it hard to use or access services.
- The practice has considered and implemented the NHS England Accessible Information Standard to ensure that disabled patients receive information in formats that they can understand and receive appropriate support to help them to communicate.

### Access to the service

The practice was open between 9.00am and 6.30pm, Monday to Friday. Appointments were from 9.30am to 12.30pm every morning and 3.30pm to 6.00pm daily. Extended hours appointments were offered at Tuesdays between 6.30pm and 8.20pm.

Urgent appointments were available for patients that needed them. Patients could also book an appointment on the day that they needed one and up to two days in advance.

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

- 72% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 70% and the national average of 76%.
- 67% of patients said they could get through easily to the practice by phone compared to the CCG average of 51% and the national average of 71%.
- 71% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 76% and the national average of 74%.
- 63% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 52% and the national average of 64%.

Some results from the survey indicated areas for improvement:

- 65% of patients said their last appointment was convenient compared with the CCG average of 68% and the national average of 81%.
- 53% of patients described their experience of making an appointment as good compared with the CCG average of 58% and the national average of 73%.

Patients told us on the day of the inspection that they were able to get appointments when they needed them, but some expressed a preference for being able to book appointments further in advance than was currently available. Others noted some issues with trying to book an appointment over the phone in the morning.

We discussed these results with the lead GP, practice manager and representatives from the Patient Participation Group (PPG). They noted that the practice used to offer appointments that could be booked a longer time in advance but this had resulted in large numbers of patients who failed to attend at the correct time. The practice had also installed additional phone lines to manage peak

# Are services responsive to people's needs?

(for example, to feedback?)

periods of demand. The practice manager was aware of the need to continually review the appointments system in light of the growing practice list size. This formed part of ongoing discussions at regular PPG meetings.

The practice had a system to assess:

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

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

## **Listening and learning from concerns and complaints**

The practice had a system for handling complaints and concerns.

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

We looked at three complaints received in the last 12 months and found that the practice had operated in an open and transparent manner when dealing with complaints. It was practice policy to offer an apology where they identified that things had gone wrong. We saw written examples of apologies that had been offered. Lessons were learnt from individual concerns and complaints and also from an analysis of trends. Action was taken as a result to improve the quality of care. For example, the practice discussed complaints at staff meetings to identify any changes in systems that may be required.



# Are services well-led?

Good 

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

## Our findings

At our previous inspection on 20 December 2016 we rated the practice as 'requires improvement' for providing well-led services as governance and performance management did not always operate effectively, for example around medicines management and outcomes for patients with diabetes.

These arrangements had significantly improved when we undertook a follow up inspection on 16 October 2017. The practice is now rated as 'good' for providing safe services.

### Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a clear strategy and supporting business plans which reflected the vision and values and were regularly monitored.

### Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas. For example, the lead GP was the first point of contact for all safeguarding concerns and the practice manager took the lead on monitoring complaints and incidents.
- Practice-specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- A comprehensive understanding of the performance of the practice was maintained. Practice meetings were held weekly which provided an opportunity for staff to learn about the performance of the practice.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements. Specific actions had been taken to

ensure that monitoring of patients on high-risk medications, and of those living with diabetes, was effective at keeping people safe and led to improved outcomes.

- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints.

There were arrangements in place for identifying, recording and managing risks, issues and implementing mitigating actions. However, we identified some further actions which should be taken to minimise the risks associated with maintaining the premises. For example, in relation to the management of fire and Legionella risks. The practice was responsive to our feedback and put in place actions to resolve these issues on the day after the inspection.

### Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. From the sample of three documented examples we reviewed we found that the practice had systems to ensure that when things went wrong with care and treatment:

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

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

- GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- Staff told us the practice held regular team meetings.

# Are services well-led?

Good 

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

- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients and staff. It proactively sought feedback from:

- patients through the Patient Participation Group (PPG) and through surveys and complaints received. The PPG met regularly and submitted proposals for improvements to the practice management team. For example, the PPG had identified the need for an additional hand rail on the stairs at the practice to

support some patients when they accessed the service. They also held regular 'pop in' sessions at the practice to support the flow of patient feedback and raise awareness of the services offered by the practice.

- the NHS Friends and Family test, complaints and compliments received.
- staff through meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, the practice was part of a pilot scheme, with one other practice in the local area, to test the feasibility and utility of employing a clinical pharmacist for the management of a range of issues including patient medication reviews and local prescribing practices.