

# Aksyr Medical Practice

## Quality Report

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

## Ratings

### Overall rating for this service

Good



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Aksyr Medical Practice on 10 March 2016. The overall rating for the practice was requires improvement. The full comprehensive report on the March 2016 inspection can be found by selecting the 'all reports' link for Aksyr Medical Practice on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was an announced comprehensive inspection on 10 August 2017. We found that improvements had been made since the previous inspection and the practice was meeting the regulations which it had previously breached. Overall the practice is now rated as good.

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

- The practice had reviewed its approach to safety and had systems in place for reporting and recording significant events. The provider was aware of the requirements of the duty of candour.

- The practice had clearly defined and embedded systems to minimise risks to patient safety. At this inspection we found the practice had reviewed its policies and procedures and made changes where required.
- Staff were aware of current evidence based guidance. Staff had been trained and had the skills and knowledge to deliver effective care and treatment.
- Patient feedback showed that patients were treated with compassion, dignity and respect. The practice tended to score below average for patient involvement in decisions about their treatment however.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients we spoke with said they found it easy to make an appointment with a named GP and there was good 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.

# Summary of findings

- 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 areas where the provider should make improvement are:

- The practice should aim to increase its care planning with patients with mental health problems who could benefit from this approach.
- The practice should review patient feedback on involvement in decision making with the aim of improving in this area.

**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.

Good



- 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 and received a written apology.
- The practice had defined and embedded systems, processes and practices to minimise risks to patient safety.
- 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 arrangements to respond to emergencies and major incidents.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average compared to the national average for most indicators. The results for mental health performance was more variable.
- Staff were aware of current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- End of life care was coordinated with other services involved.

### Are services caring?

The practice is rated as good for providing caring services.

Good



- Information for patients about the services available was accessible.
- Results from the national GP patient survey were variable when compared to the local and national averages. The practice scored more consistently positively in a locally run patient feedback survey.
- Patients participating in the inspection said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

# Summary of findings

- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice had identified more patients who were carers since our previous inspection.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- The practice understood its population profile and had used this understanding to meet the needs of its population. For example, there were longer appointments available for patients with a long term condition or learning disability and wherever possible they were seen the same day.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- Patients we spoke with said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and evidence from three examples reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

## Are services well-led?

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

Good



- The practice had developed a clearer vision and a strategy to deliver high quality care. 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 improved arrangements to monitor and improve quality and identify risk.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- 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 was aware of the requirements of the duty of candour.

## Summary of findings

- The practice proactively sought and acted on feedback from staff and patients. 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 staff had protected time to update their knowledge and skills.

# 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.

Good



- The practice offered personalised care to meet the needs of the older patients in its population, for example by developing integrated care plans for older patients with more complex needs.
- The practice referred patients with the greatest health care needs to the local Complex Patient Management Group. The group's meetings were held monthly and attended by social care coordinators, social workers, district nurses, local GPs, and secondary care hospital consultants including a psychiatrist.
- The practice was aware of the range of local community services and resources (including urgent mobilisation) available to support older patients at home such as STARRS (the Brent short term assessment, reablement and rehabilitation service).
- The practice was responsive to the needs of older patients, and offered home visits and priority appointments when appropriate.
- The practice followed up older patients discharged from hospital or following an A&E attendance and ensured that their care plans were updated to reflect any extra needs.
- The practice provided preventative advice and services for older patients and carers including influenza and shingles vaccination.
- The practice identified patients in need of palliative care and encouraged early discussion about end of life choices. Palliative care was supported by community nurses, Macmillan nurses and a local hospice.
- Staff were able to recognise the signs of abuse in vulnerable older patients and knew how to escalate any concerns.

### People with long term conditions

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

Good



- The practice maintained registers of patients with long-term conditions. There was a system to recall patients for a structured annual review to check their health and medicines needs were being met. The GPs, practice nurses and health care assistant had clearly defined roles in long term disease management.

# Summary of findings

- 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.
- The practice provided a phlebotomy service so patients did not need to be referred elsewhere. The practice had also introduced spirometry testing since our previous inspection, facilitating more efficient diagnosis of certain respiratory conditions.
- The practice had a high incidence of diabetes. Performance for some diabetes related indicators was below the CCG and national averages. In 2015/16, 66% of diabetic patients had blood sugar levels that were adequately controlled compared to the CCG average of 77%. The practice exception reporting rate was 5% for this indicator which was below the national rate of 13%.
- The practice offered regular diabetic clinics, patients had access to an attached diabetic specialist nurse and the practice offered insulin initiation for eligible patients. The nurse practitioner liaised with the local diabetic team who were running outreach sessions in the community to improve patient understanding and self management.
- For patients with the most complex needs, the GP worked with relevant health and care professionals to deliver a multidisciplinary package of care. For example, the practice held a monthly meeting with the community nurses and attended locally organised multidisciplinary meetings such as the complex patient management group.

## Families, children and young people

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

- The practice provided antenatal and postnatal services and liaised with the local family nurse programme which supported younger mothers.
- Immunisation rates were high for standard childhood immunisations. The practice encouraged pregnant women to have the flu and pertussis vaccinations (whooping cough). The practice also offered appropriate vaccinations to children staying longer term in a local mental health unit.
- Appointments were available outside of school hours and the premises were suitable for children and babies, for example with baby changing facilities and access to a private space for breastfeeding if required.
- The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications.

Good





# Summary of findings

- 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.

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

The practice is rated as good for the care of working age people (including those recently retired and students).

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were available outside of working hours.
- The practice offered online services, telephone consultations, email contact and a text messaging reminder service.
- The practice provided a full range of health promotion and screening reflecting the needs for this age group, including the meningitis ACWY vaccination for young people attending university.
- Practice patient uptake for the cervical screening programme was 80% and in line with the national average.

**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. Vulnerable patients were supported to register at the practice.
- The practice offered longer appointments for patients with a learning disability or other complex needs.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access support groups and voluntary organisations, for example the local carers associations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice offered a shared care service for patients with substance misuse problems.

**Good**



# Summary of findings

- Practice staff had been trained about female genital mutilation and were aware of locally available resources for affected or 'at risk' women and girls.

## 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).

- In 2015/16, 83% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was comparable to the local and national averages.
- The practice liaised with the community dementia nurse specialist and carried out advance care planning for patients with dementia. The practice involved patients and carers in care planning.
- In 2015/16, 66% of patients with a diagnosed psychosis had a comprehensive care plan in their records. This was below the local and national averages.
- The practice told us that some patients were reluctant to engage with formal health services. The practice was able to demonstrate it offered a range of services for these patients, for example referring patients to culturally appropriate counselling support with drug and alcohol misuse.
- The practice worked with multi-disciplinary teams in the case management of people experiencing poor mental health, for example the community mental health team; the home treatment team and child and adolescent mental health services.
- The practice had a system in place to follow up patients who had attended accident and emergency for example for self-harm or who were known to have mental health problems. Patients on the mental health register had priority access to appointments.
- The practice was able to signpost patients experiencing poor mental health to various support groups and voluntary organisations.

Good



# Summary of findings

## What people who use the service say

The most recent national GP patient survey results were published in July 2017 and cover both the main practice and the branch surgery. The results showed the practice tended to perform in line with the local average. For this survey, 361 survey forms were distributed and 83 were returned. This represented 1% of the practice's patient list and a response rate of 23%.

- 75% of patients described the overall experience of this GP practice as good compared with the clinical commissioning group (CCG) average of 79% and the national average of 85%.
- 79% were able to get an appointment to see or speak to someone the last time they tried compared with the CCG average of 77% and the national average of 84%.
- 88% of patients described the receptionists at this surgery helpful compared with the CCG average of 83% and the national average of 87%.
- 95% of patients had confidence and trust in the last GP they saw or spoke to compared with the CCG average of 94% and the national average of 95%.

The practice had also participated in a quarterly patient experience survey covering the 24 practices in the local

network. (Again this included patients using both the main practice and branch surgery.) The results were consistently positive with the practice tending to score in line with or above the network average for patient experience of involvement and quality of care.

The practice scored positively on the NHS Friends and family feedback survey. Of 1103 patients who had submitted a feedback card since August 2016, 83% would recommend the practice to others.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 33 comment cards all of which included positive comments about the staff or the quality of care. We also spoke with four patients on the day of the inspection. Patients consistently said the staff were caring, helpful and treated them with compassion and respect. Two patients said they had experienced some difficulty getting an appointment quickly. Two others commented that the appointment system had improved recently.

## Areas for improvement

### Action the service SHOULD take to improve

The areas where the provider should make improvement are:

- The practice should aim to increase its care planning with patients with mental health problems who could benefit from this approach.

- The practice should review patient feedback on involvement in decision making with the aim of improving in this area.

# Aksyr Medical Practice

## Detailed findings

### Our inspection team

#### **Our inspection team was led by:**

Our inspection team was led by a CQC inspector. The team included a GP specialist adviser.

## Background to Aksyr Medical Practice

Aksyr Medical Practice provides NHS primary medical services to around 3100 patients in the Stonebridge and Harlesden areas of North West London through a general medical services contract. The practice is part of the Harness network of 24 GP practices in Brent.

The practice partnership provides services from two locations: Aksyr Medical Practice and Preston Hill Surgery which is located around four miles away in Kenton. The local practice populations have markedly different socio-economic and demographic profiles. The Aksyr Medical Centre practice population is multicultural, with a higher proportion of young adults and is characterised by high levels of income deprivation, unemployment and lower average life expectancy.

The practice as a whole is run by three GP partners. The team based at Aksyr Medical Centre comprises one of the GP partners supported by two long term locum GPs, an advanced nurse practitioner, a practice nurse, a health care assistant, a practice manager and a team of administrators and receptionists. The GPs typically provide 13 clinical sessions in total per week. A choice of male or female GPs is available.

The practice is open between 9am and 7pm on Monday, Tuesday, Wednesday and Friday and between 9am and 1pm on Thursday. Extended hours surgeries are offered on Tuesday from 7pm to 7.30pm.

Appointments are typically available from 9.30am to 12.30pm and between 3.30pm and 7.00pm depending on the individual GP. The GPs also undertake home visits for patients who are housebound or are too ill to visit the practice.

The practice provides recorded information on the opening hours and instructions on how to contact the out of hours provider or the NHS 111 service. This information is also provided in the practice leaflet and on the website. The practice informs patients about the local urgent care centre and 'hub' practices which offer primary care appointments in the evening and at weekends.

The practice is registered with the Care Quality Commission to provide the regulated activities of diagnostic and screening procedures; treatment of disease, disorder and injury; maternity and midwifery services and surgical procedures.

This inspection report focuses on the service provided at Aksyr Medical Practice which is registered with the Care Quality Commission as a distinct location.

## Why we carried out this inspection

We undertook a comprehensive inspection of Aksyr Medical Practice on 10 March 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. As a result of that inspection, we rated the practice as requires improvement overall. In particular we rated the practice as:

# Detailed findings

- requires improvement for providing safe, effective, caring and well led services, and
- good for providing responsive services.

The full comprehensive report on the March 2016 inspection can be found by selecting the 'all reports' link for Aksyr Medical Practice on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We undertook a further announced comprehensive inspection of Aksyr Medical Practice on 10 August 2017. This inspection was carried out to ensure improvements had been made.

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations including NHS England and the clinical commissioning group to share what they knew.

We carried out an announced visit on 10 August 2017. During our visit we:

- Spoke with a range of staff (including the lead GP partner, the advanced nurse practitioner, the practice manager and reception staff). We also spoke with the local care coordinator and the local community pharmacist who worked with Aksyr Medical Practice.
- Reviewed 33 comment cards where patients shared their views and experiences of the service and spoke with four patients.
- Reviewed a sample of the personal care or treatment records of patients. We needed to do this to check how the practice carried out care planning for patients with longer term conditions and those requiring palliative care.
- Inspected the facilities, equipment and premises.

- Reviewed documentary evidence, for example practice policies; written protocols and guidelines; audit reports; patient complaint files; meeting notes; and monitoring checks.

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.

This inspection report focuses on the service provided at Aksyr Medical Practice at Hilltop Avenue. However, the services at Hilltop Avenue and the branch at Preston Hill Surgery are provided through a single NHS contract. Any reference to the Quality and Outcomes Framework data and the national GP patient survey results in this report relate to the combined performance of both surgeries.

# Are services safe?

## Our findings

At our previous inspection on 10 March 2016, we rated the practice as requires improvement for providing safe services. This was because:

- The practice had not carried out all necessary recruitment checks before new members of staff started work.
- The arrangements for prescription security required improvement, and
- Some staff members had not been trained on how to use the defibrillator.

These arrangements had significantly improved when we undertook a follow up inspection on 10 August 2017. The practice is now rated as good for providing safe services.

### Safe track record and learning

- The practice had implemented a system for reporting and recording significant events. The practice recorded incidents, near misses and significant events for review and discussion.
- Staff told us they would inform the lead GP or manager of any incidents. All incidents were recorded electronically for further investigation. The practice reporting systems 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).
- Practice policy and the staff members we spoke with were clear that when things went wrong, patients should be informed as soon as reasonably practicable, receive reasonable support, truthful information, a written apology and be informed about any actions to prevent the same thing happening again.
- The practice provided evidence that significant events and incidents had led to a change in practice. For example, in one case a patient was left unattended while waiting for an ambulance and became unwell without staff being immediately aware. Practice policy was changed as a result. Now any patient who requires transfer to hospital due to clinical concerns must be observed.
- The practice carried out a thorough analysis of significant events and undertook an annual review to identify trends.

- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. We saw evidence of communication with patients over incidents. For example the practice had discussed an incident with a patient who had become aggressive at reception. The discussion led to the practice raising awareness with staff of the impact of mental health issues on patient behaviour and ways to de-escalate challenging situations.
- The GPs received national safety alerts electronically, for example alerts about medicines and medical devices. The practice kept a record of relevant safety alerts on file. The clinical staff signed the printed copies to show they were aware of the information. We saw evidence that the practice followed up any affected patients and liaised with relevant professionals (such as the pharmacist) as appropriate. Follow-up actions were confirmed with the practice manager.

### Overview of safety systems and process

The practice had clearly defined 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. The practice's records showed that the GPs provided reports promptly where necessary for other agencies.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. The GPs and the practice nurse were trained to child protection or child safeguarding level three.
- 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 now 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.

## Are services safe?

- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place.
- The nurse practitioner was the infection prevention and control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice.
- There was an infection prevention and control policy and related procedures, for example including hand washing, safe handling of sharps, waste disposal and practice cleaning schedules. The practice carried out an annual infection prevention and control audit and action had been taken to address issues identified as a result. The practice had also had an external infection control audit carried out in the days before the inspection. The practice had scored highly on this.

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).

- The practice had reviewed its processes for handling repeat prescriptions which included the review of high risk medicines.
- Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred. The practice was carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams to ensure prescribing was in line with best practice guidelines.
- 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 local community pharmacist attended the inspection and confirmed that they enjoyed good communication and coordination with the practice.

The practice had reviewed its recruitment policy and procedures since our previous inspection. We reviewed the personnel files for staff members recruited since our previous inspection 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 (for health professionals) and the appropriate checks through the Disclosure and Barring Service.

### Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety. This was an area of improvement since our previous inspection.

- The practice had an up to date health and safety policy.
- The practice had an up to date fire risk assessment and carried out periodic fire drills in line with the fire evacuation plan.
- 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 and legionella (Legionella is a type of 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 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.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. The staff had been trained on how to use the defibrillator.
- A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. Since our previous inspection, the practice had carried out a formal risk assessment on which

## Are services safe?

emergency medicines it should stock. It now stocked medicines recommended for use in primary care. 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, NHS and commissioning agencies, suppliers and utility companies.



# Are services effective?

(for example, treatment is effective)

## Our findings

At our previous inspection on 10 March 2016 we rated the practice as requires improvement for providing effective services. This was because:

- The practice's performance against some indicators in the 2014/15 Quality and Outcomes Framework (QOF) was below average.
- We had concerns that test results were not always acted on in a timely way.
- The practice was not using clinical audit effectively to drive quality improvement.

These arrangements had significantly improved when we undertook a follow up inspection on 10 August 2017. The practice is now rated as good for providing effective services.

### Effective needs assessment

Clinicians were aware of relevant 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 discussion at clinical meetings, multidisciplinary case reviews, clinical audit and benchmarking.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF), performance against national screening programmes and clinical audit to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The results cover both the main practice and the branch practice at Preston Hill.

In 2015/16 (the most recent published results), the practice achieved 88.1% of the total number of points available compared with the clinical commissioning group (CCG) average of 95.5% and national average of 95.3%. This was a small improvement over the practice's results of the previous year. Practice exception rate reporting on the QOF

for clinical indicators was below average at 6% overall compared to the CCG and national averages of 9% and 10% respectively. (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).

Data from 2015/16 showed:

- Performance for diabetes related indicators was comparable to the CCG and national averages. For example, 66% of diabetic patients had blood sugar levels that were adequately controlled (that is, their most recent IFCC-HbA1c was 64 mmol/mol or less) compared to the CCG and national averages of 77% and 78% respectively. The practice exception reporting rate was 5% for this indicator which was below the national rate of 13%.
- 73% of diabetic patients had a cholesterol reading of 5 mmol/l or less compared to the CCG average of 80% and the national average of 80%.
- Performance for mental health related indicators was more variable. In 2015/16, 83% of 65 patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months compared to the CCG average of 86% and the national average of 84%.
- However, only 66% of 63 patients with a diagnosed psychosis had a comprehensive care plan in their records which was significantly below the CCG and national averages of 91% and 89%. The practice had reported an exception rate of 10% compared to the national exception rate of 13%.
- The practice had recorded the alcohol consumption of patients with a diagnosed psychosis in 89% of cases which was comparable to the CCG and national averages of 91 and 89% respectively. The practice had reported an exception rate of 9% for this indicator compared to the national exception rate of 10%.

There was evidence of a focus on quality improvement. The practice had carried out clinical audits since our previous inspection:

- Clinical audits had been prompted by changes to guidelines, significant incidents, patient feedback and local prescribing priorities. The practice participated in locality based audits, national benchmarking and regularly liaised with the local NHS prescribing team.

# Are services effective?

## (for example, treatment is effective)

- The practice had carried out several clinical audits since our previous inspection visit four of which were completed audits where the audit had been repeated to ensure that observed changes had been sustained over time.
- For example, since our previous inspection, the practice had completed a two-cycle audit of patient uptake of the pneumococcal vaccination with staff encouraging patients to attend for the vaccination. The results showed an increase in uptake rates from 39% to 56% by the time of the second audit. The practice had discussed the results and identified further areas for improvement and re-audit.
- In another example the practice had carried out a completed audit to check whether patients newly prescribed statins had received a baseline liver function test in line with current guidelines. The practice found little improvement in the implementation of testing between the two audit cycles. As a result, the practice had implemented a new protocol to book the relevant tests at the time of the initial prescription and explain to patients the importance of attending. The practice was intending to carry out a further audit in six months.

### Effective staffing

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 infection prevention and control, fire safety, health and safety and confidentiality.

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 or external training opportunities as appropriate.

The practice could demonstrate how it ensured role-specific training and updating for relevant staff for example in carrying out condition-specific reviews. Staff with specific roles, for example the nurse practitioner had undergone training for diabetes and had achieved a diploma in diabetes management. She was also supported by the community diabetes nurse and attended regular diabetes update training.

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 with the immunisation programmes, for example by access to online resources.

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

### 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.

- The practice used and updated patient information including care and risk assessments, care plans, medical records and investigation and test results.
- The practice had improved its arrangements to manage laboratory test results and ensure these were followed up promptly and electronically filed since our previous inspection.
- 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.

- Practice clinicians attended multidisciplinary meetings as part of the local whole systems integrated care programme at which care plans were routinely reviewed and updated for patients with complex needs. Care plans we reviewed were detailed and up to date with evidence of patient and carer involvement.
- The practice also liaised with health visitors, community nurses and the local palliative care team as required to coordinate care and share information. For example, the practice worked with heart failure nurses who reviewed their housebound patients mainly on discharge from hospital to prevent further unplanned admissions.

# Are services effective?

## (for example, treatment is effective)

- The practice shared information about patients with complex needs or who were vulnerable due to their circumstances. This ensured that other services such as the ambulance and out of hours services were updated with key information in the event of an emergency or other unplanned contact.

### 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. All clinical staff had received training on their roles and responsibilities under the act.
- 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 assessed the patient's capacity and recorded the outcome of the assessment.
- The practice carried out minor surgery and used written consent forms to obtain informed consent from patients for these procedures. The carried out a regular audit monitoring that consent had been obtained.

### 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 and those at risk of developing a long-term condition.
- The practice offered advice on diet, smoking and alcohol cessation.

Patient uptake for the cervical screening programme in 2015/16 was 78% compared to the CCG average of 77% and national average of 81%. Exception rate reporting was 6% compared to the CCG average of 9%. The practice ensured a female sample taker was available. 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.

The practice encouraged its patients to attend national screening programmes for bowel and breast cancer. In 2015/16, 67% of eligible female patients had attended breast screening compared with the CCG average of 62% and 42% of eligible patients had been screened for bowel cancer compared with the CCG average of 43%. These rates were below the national average and the practice had an ongoing project in place to encourage greater uptake although as yet without demonstrable impact.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Performance was in line with expectations. For example in 2015/16, the practice was meeting the national 90% target for the standard childhood vaccines given to children aged one. Ninety-six per cent of children received the first pre-school MMR vaccination. This fell to 84% for the second MMR booster which was in line with the CCG rate of 81%.

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. The staff carrying out health checks were clear about risk factors requiring further follow up by a GP.

# Are services caring?

## Our findings

At our previous inspection on 10 March 2016 we rated the practice as requires improvement for providing caring services. This was because:

- Data from the national GP patient survey showed that patients rated the practice lower than average for some aspects of care.
- The practice had identified fewer than 1% of patients as carers.

The practice was able to demonstrate more positive patient feedback when we undertook the follow up inspection on 10 August 2017 and had increased the number of identified carers. The practice is now rated as good for providing caring services.

### Kindness, dignity, respect and compassion

We observed members of staff were polite, kind and 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 treatment.
- We noted that consultation and treatment room doors were normally closed during consultations. Waiting room seating was located in a separate area, well away from the consultation and treatment rooms and conversations taking place in these rooms could not be overheard.
- Reception staff were able to talk to patients privately when patients wanted to discuss sensitive issues or if they were distressed.

Results from the national GP patient survey covered both the main and branch surgeries. The results were variable when compared with the local and national averages for satisfaction scores with consultations. For example:

- 88% of patients said they found the receptionists at the practice helpful compared with the clinical commissioning group (CCG) average of 83% and the national average of 87%.
- 75% of patients said the GP was good at listening to them compared to the CCG average of 86% and the national average of 89%.
- 72% of patients said the GP gave them enough time compared to the CCG average of 82%, national average 86%.

- 77% 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%.
- 92% of patients said they had confidence and trust in the practice nurse compared to the CCG average of 94% and the national average of 97%.

The practice had also participated in a quarterly patient experience survey in 2016 covering the 24 practices in the local network. (Again this included patients using both the main practice and branch surgery.) The results were consistently positive with the practice tending to score in line with or above the network average for patient experience of the service. For example, 18 of 20 participating patients said the GP was very good or good at giving them enough time. This was slightly above the network average.

The practice scored positively on the NHS Friends and family feedback survey. Of 1103 patients who had submitted a feedback card since August 2016, 83% would recommend the practice to others.

Patients participating in the inspection were almost wholly positive about the service. Patients consistently commented that the practice staff were kind and provided a personal service. The receptionists were described as friendly and helpful. Patients told us that the doctors and nurses took care to listen during consultations.

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

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. However, the practice scored below the local and national average on these questions, for example:

- 72% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83% and the national average of 86%.
- 67% of patients said the last GP they saw was good at involving them in decisions about their care compared with the CCG average of 78% and the national average of 82%.

The practice had scored more positively on this aspect of care in the quarterly patient experience survey in 2016

## Are services caring?

covering the 24 practices in the local network. For example, 16 of 20 participating patients said the GP was very good or good at giving them enough time. This was close to the network average.

Patients participating in the inspection gave us examples of how they had been involved in decision making about the care and treatment they received. They also told us they had time during consultations to make an informed decision about the choice of treatment available to them.

We saw that care plans were personalised and included patients' goals and objectives. The lead GP held regular meetings at the practice with the community nurses to ensure the plans were being reviewed and implemented in a coordinated way.

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

- Interpreting services were available for patients who did not speak English as a first language. We saw notices in the reception areas informing patients this service was available.
- Some information for example about cervical screening was available in easy read format.

- The practice had installed a hearing induction loop in the reception area and the receptionists knew how to operate it.

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

Patient information leaflets and notices were available in the patient waiting area that 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 added alerts to the electronic record system if a patient was also a carer. The practice had identified 139 patients as carers (2% of the combined practice list). The number of identified carers had increased since our previous inspection from less than 1%). Written information was available to direct carers to the various avenues of support available to them. Carers were offered flexible appointment times, the seasonal influenza vaccination and an annual health check.

Staff told us that if families had suffered bereavement, the principal GP contacted them. This communication was either followed by a consultation at a flexible time and location to meet the family's needs and giving them advice on how to find a support service if appropriate.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

At our previous inspection on 10 March 2016 we rated the practice as good for providing responsive services. At this inspection the practice remained rated as good.

### 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 pregnant women flu and other vaccinations (such as pertussis) as required well as antenatal and postnatal care. Baby changing facilities were also available.
- The practice offered sexual health screening as well as family planning services and advice for young people. Meningitis ACWY vaccinations were offered to all new university students.
- The senior GP held shared care clinics for substance misuse patients in conjunction with the local substance misuse specialist service.
- The practice utilised the single point of access service for mental health patients and their carers. Patients received timely access to the community mental health team as well as the home treatment team in times of crisis. They were offered same day appointments and referrals to external organisations for further support.
- The practice had a culturally diverse population and patients' needs were understood in this context. For example the practice was able to refer patients to drug and alcohol counselling services designed for patients from certain cultural backgrounds.
- There were longer appointments available for patients with a long term condition or learning disability and wherever possible they were seen the same day.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and patients with urgent medical problems.
- The practice provided an extended hours 'commuter clinic' for patients who had difficulty attending during normal opening hours on Tuesday evening.
- Patients were able to receive a range of travel vaccines including the yellow fever vaccination. The practice website and the nurse provided information on which vaccinations were available on the NHS and the fees charged for privately available vaccinations.
- The practice was equipped to treat patients and meet their needs.
- Patients could choose to see a male or female GP.
- There were accessible facilities, a hearing loop and translation services available including sign language interpreters. The practice electronic records system alerted the receptionists to patients who usually needed an interpreter.

### Access to the service

The practice opened between 9am and 7pm on Monday, Tuesday, Wednesday and Friday and between 9am and 1pm on Thursday. Extended hours surgeries were offered on Tuesday from 7pm to 7.30pm. Appointments were typically available from 9.30am to 12.30pm and between 3.30pm and 7.00pm depending on the individual GP.

Results from the national GP patient survey showed that patient satisfaction with access to the service was in line with the CCG average although consistently below the national average.

- 68% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 73% and the national average of 76%.
- 62% of patients said they could get through easily to the practice by phone compared with the CCG average of 65% and the national average of 71%.
- 79% 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 77% and the national average of 84%.
- 69% of patients said their last appointment was convenient compared with the CCG average of 77% and the national average of 81%.
- 63% of patients described their experience of making an appointment as good compared with the CCG average of 67% and the national average of 73%.

Most patients who participated in the inspection said they were able to get appointments when they needed them.

# Are services responsive to people's needs?

## (for example, to feedback?)

We reviewed the appointment system on the day of the inspection. Routine pre-bookable appointments with a male or female GP and the practice nurse were available within one week.

We received a couple of critical comments from patients about waiting times due to late running surgeries. The principal GP was aware this had been an issue and had carried out an audit of delayed appointments in 2016. The audit results showed that the majority of appointments with the principal GP were delayed. The practice had taken a number of actions including clearer coding of patients with complex needs who might need longer appointments; clearer signposting to patients about the importance of using one consultation for one health problem and increased awareness among the practice team of the problem. A re-audit showed that while most appointments with the principal GP continued to be delayed. The average delay had fallen by 10 minutes with most patients waiting less than 30 minutes to be seen. The practice was aware this was an area for further improvement.

- The practice was in the process of recruiting a full-time GP to increase clinical capacity and was reviewing further staffing requirements, for example for a physician's assistant.
- The appointment system had been adjusted so that more same day appointments were available. The practice also promoted online and telephone consultations to patients.

The practice had a system to assess:

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

Patients were asked to request home visits as early in the day as possible. The reception team passed the request to

the GP to make a clinical decision on prioritisation and the outcome was communicated to the patient. 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 an effective system in place for handling complaints and concerns.

- The practice 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 section about complaints within the practice leaflet. Patient information advised patients about the NHS independent complaints advocacy service.

The practice had received three written complaints since our previous inspection. These had been handled in line with practice policy and dealt with in a timely way.

When responding to complaints, the practice offered patients a written apology. Lessons were learnt from individual complaints and action was taken to review and improve the quality of care. For example, the practice had reviewed its repeat prescribing policy following a complaint. As a result it now accepted telephone requests for patients with repeat medicines for diabetes or asthma in exceptional circumstances. Complaints were a standard agenda item for discussion at the practice meetings.

# 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 10 March 2016, we rated the practice as requires improvement for providing well led services. This was because:

- There were ineffective monitoring of procedures in relation to the recording of significant events, medicines management, recruitment, equipment, dealing with emergencies and the actioning of results in a timely way.
- The practice was undertaking little clinical audit.

These arrangements had significantly improved when we undertook the follow up inspection on 10 August 2017. The practice is now rated as good for providing well led services.

### Vision and strategy

Since our previous inspection, the practice had reviewed its statement of purpose and objectives. The staff we spoke with were aware of the practice's vision to provide a high quality service, treat patients with respect and involve them in their care and promote good health. The practice had a strategy, priorities and supporting business and action plans which reflected the vision and that were regularly monitored. The practice had identified clinical staffing as an immediate priority and was in the process of recruiting a full time salaried GP.

### 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 to facilitate closer ties with the GP partners based at the branch surgery and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies had been reviewed since our previous inspection. These were discussed with and made available to all staff.
- A comprehensive understanding of the performance of the practice was maintained. The practice had improved its performance overall on the Quality and Outcomes framework since 2014/15. We reviewed unverified data during the inspection showing this progress had been sustained into 2016/17.

- The practice had implemented appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. For example, the practice had reviewed procedures to ensure that all pathology test results were followed up and were documented appropriately.
- We saw evidence from practice and clinical meetings that incidents, significant events, complaints and safeguarding issues were discussed and lessons learned and shared.
- There were now more effective arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. For example, the practice had strengthened its recruitment procedures.
- The practice had acted on the concerns we raised at our previous inspection.

### Leadership and culture

On the day of inspection the practice team demonstrated they had the experience, capacity and capability to run the practice and ensure that care was safe and effective.

- There was a clear leadership and organisational structure. Named staff had been assigned to lead on key areas and staff were aware of who to report to if they wanted to raise any issues or concerns.
- Staff told us the practice held more regular and structured team meetings involving the whole team and tasks were effectively delegated and shared.
- Staff told us there was a positive culture within the practice and they had the opportunity to raise any issues at team meetings and felt comfortable in doing so.

The practice 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). The practice had systems to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, a clear explanation and a written apology.
- The practice kept written records of verbal and internet based interactions as well as written correspondence and learnt from these forms of feedback.

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



# Are services well-led?

Good 

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

The practice encouraged and valued feedback from patients and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice gathered feedback from patients through the patient participation group (PPG); the NHS Friends and Family feedback survey and ad hoc comments and complaints. It also participated in the local GP network surveys which had run quarterly in 2016.
- We met four members of the PPG and reviewed the minutes from recent meetings. Recent topics covered included patient access and longer opening hours. Members told us the meetings were useful and the practice had responded positively to their feedback.
- The practice had gathered feedback from staff through staff meetings, appraisals and more informal discussion.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice.

- The practice carried out clinical audit prioritised by areas of identified risk and with the support of the clinical commissioning group (CCG) pharmacy team. For example, following several cases the practice had audited uptake of the pneumococcal vaccine and could demonstrate improvement. The practice had also carried out audits which had failed to demonstrate improvement, for example timely monitoring of liver function following statin prescribing. These results were also discussed and the practice persisted with further actions to address the issue.
- The practice held more regular practice meetings and included sessions targeting improvements. Staff members were invited to contribute ideas. For example, at one recent meeting the practice had discussed ideas for improving screening programme uptake.