

# The Elmhurst 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 The Elmhurst Practice on 20 December 2016. Overall the practice is rated as Good.

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

- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- The practice ran a 'one-stop clinic' for patients with two or more long-term conditions. This was held annually and gave patients the opportunity to have discussions about their health needs with both the practice nurse and doctor.

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- The practice had good facilities and was well equipped to treat patients and meet their needs. The facilities were based on the ground floor where patients could access clinical treatment rooms via wide corridors.
- 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 practice ran a yearly review clinic for patients with learning difficulties with an extended clinical session with a GP.
- The provider was aware of and complied with the requirements of the duty of candour.
- The practice had an active PPG, who with the practice management team hosted events to engage with the practice population and wider community.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

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

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average. The overall QOF rating for the practice (2015/2016) showed the practice achieved 92% of the available points, which was the same as the local Clinical Commissioning Group (CCG) average and comparable with the national average of 95%. The exception reporting rate for the practice was 5% compared with the CCG average of 8% and the national average of 9%.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all established staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



### Are services caring?

The practice is rated as good for providing caring services.

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

Good



# Summary of findings

- Data from the national GP patient survey showed patients rated the practice higher than the national average for several aspects of care.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Most patients 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 easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff.
- The practice did not offer extended hours surgery, but as a member of a local GP federation, patients at the practice had the facility to see a GP or nurse outside of normal working hours and at the weekend.

Good



## Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.

Good



# Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The Patient Participation Group (PPG) was active. It had recently (in conjunction with PPG's at two neighbouring GP practices) organized a joint health promotion open day at the practice
- There was a focus on continuous learning at the practice. For example, we were told that the practice had recently funded a healthcare assistant course for a member of the administrative team.

# Summary of findings

## The six population groups and what we found

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

### Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Twenty minute appointments for this population group were standard.
- Patients aged 75 or over had a named GP

Good



### People with long term conditions

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

- Doctors and nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The Quality Outcomes Framework (QOF) recorded the practice as comparable to the CCG average on all three identified diabetes indicators. For example, the percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less was 75%, compared to the CCG average of 74% and the national average of 80%.
- Longer appointments and home visits were available when needed.
- Patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



### Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.

Good



# Summary of findings

- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- 82% of women aged 25-64 notes record that a cervical screening test has been performed in the preceding 5 years which was comparable the CCG average of 78% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors.

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

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- 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.
- Although the practice did not offer extended hours surgery, patients who required a face-to-face consultation with a clinician outside of normal working hours could have access to clinical staff through services provided by the local GP federation hub.
- Telephone consultations with clinicians were available to meet the needs of this population 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 and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability. In addition, the practice ran a yearly review clinic for patients with learning difficulties who are given 30 minute appointments with a GP.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.

**Good**



# Summary of findings

- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

## People experiencing poor mental health (including people with dementia)

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

- 90% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which is higher than the national average of 84%
- 88% of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in their record in the preceding 12 months, which is the same as the national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good





# Summary of findings

## What people who use the service say

The National GP Patient Survey results were published in July 2016. The results showed the practice was performing in line with local and national averages. Two hundred and forty nine survey forms were distributed and 93 were returned. This represented approximately 2% of the practice's patient list.

- 71% of patients found it easy to get through to this practice by phone compared to the CCG average of 53% and the national average of 73%.
- 70% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 64% and the national average of 76%.
- 89% of patients described the overall experience of this GP practice as good compared to the CCG average of 73% and the national average of 85%.

- 80% 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 68% and the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 49 comment cards, the majority of which were positive about the standard of care received. Comments received stated the reception staff were helpful and pleasant, and that the doctors care and listen to concerns as well as providing good quality treatment.

We spoke with two patients during the inspection. Both patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. The Friends and Family Test undertaken by the practice during the months July 2016 – November 2016 revealed that 160 out of 169 patients would recommend the practice.

# The Elmhurst Practice

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to The Elmhurst Practice

The Elmhurst Practice is located in a commercial area of the London Borough of Redbridge. The practice is located on the ground floor of a purpose-built health centre, which is shared with another GP practice. There is free parking on the streets nearest to the practice, and the practice has bays for parking for disabled patients at the side of the practice. The nearest bus stop is approximately three minutes' walk from the practice.

There are approximately 5060 patients registered at the practice. Statistics show moderate to low income deprivation among the registered population. Information published by Public Health England rates the level of deprivation within the practice population group as eight on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. The registered population is slightly higher than the national average for those aged between 5-14 and 35-59. Patients registered at the practice come from a variety of backgrounds including Asian, Western European, Eastern European and African Caribbean. 51% of patients have a long-standing health condition compared to the CCG average of 48%.

Care and treatment is delivered by five GPs (three female and two male) including four partners and one salaried GP who deliver twenty two clinical sessions weekly. There is

one practice nurse (female) who delivers four sessions weekly. Five administrative and reception staff work at the practice and are led by a practice manager. The practice is training and teaching practice, and was hosting two trainee doctors on the day of the inspection.

The practice reception opening times are:-

- 8:30am - 6:30pm (Monday, Tuesday, Wednesday, Friday)
- 8:30am - 1pm (Thursday)

Clinical sessions are as follows:-

- 9am - 12pm, 2pm - 6pm (Monday)
- 9am - 11:30am, 3pm - 6pm (Tuesday),
- 9am - 12pm, 3:30pm - 6pm (Wednesday)
- 9am - 12pm (Thursday)
- 9am - 12pm, 3:10pm - 6pm (Friday)

The practice does not offer extended hours surgery. Patients can book appointments in person, by telephone and online via the practice website.

Patients requiring a GP outside of practice opening hours are advised to contact the NHS GP out of hours service on telephone number 111.

The practice has a General Medical Services (GMS) contract. GMS contracts are nationally agreed between the General Medical Council and NHS England. The practice is registered to provide the following regulated activities:-

- Diagnostic and screening procedures
- Treatment of disease, disorder or injury
- Maternity and midwifery services
- Family planning

NHS Redbridge Clinical Commissioning Group (CCG) is the practice's commissioning body.

# Detailed findings

The Elmhurst Practice has not previously been inspected by the CQC.

## Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

## 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 20 December 2016.

During our visit we:

- Spoke with a range of staff (three doctors, one practice manager and two non-clinical staff) and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

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

- 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).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, we viewed a significant event recorded at the practice regarding a safeguarding concern enquiry from the local social services. On receipt of the enquiry, the duty doctor on the day formulated a plan of action and held an emergency meeting with reception staff to inform them of the information received and what to do. Following on from the meeting, the GP entered an alert on the clinical system. A second meeting was held by the duty doctor for all clinical staff at the end of that morning's surgery to advise of the situation and information received and to make them aware of the plan of action. Subsequently that day, the practice received further information from social services, which allowed for the enquiry to be closed. The learning point learned from this event was that it showed that the practice had processes in place to swiftly disseminate critical information to all staff so that all are aware of potentially sensitive situations.

### Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. One of the GP partners was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. The GPs and practice nurse were trained to child protection or child safeguarding level 3, and non-clinical staff to level 1.
- 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. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. We viewed that latest NHS England Infection Prevention Audit report received by the practice and saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank

## Are services safe?

prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation (PGDs provide a legal framework that allows registered health professionals to supply and/or administer a specified medicine(s) to a pre-defined group of patients, without them having to see a doctor each time they visit the practice) .

- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment on all but one file. For example, proof of identification, references, qualifications, registration with the appropriate professional body had been conducted on all files. The appropriate checks through the Disclosure and Barring Service had been conducted on two members of staff prior to employment and on one staff member after their employment with the practice commenced. The delay in requesting a check for the member of staff in question, was in order for the practice manager to gain consent from the staff member that they were willing to undertake chaperoning duties when required.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was

checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book was available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place 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

### Effective needs assessment

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

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

### 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 (2015/2016) were 92% of the total number of points available, which was the same as the local Clinical Commissioning Group (CCG) average and comparable with the national average of 95%. The exception reporting rate for the practice was 5% compared with the CCG average of 8% and the national average of 9% (exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

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

- Performance for diabetes related indicators was similar to CCG and national averages. For example, the percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) was 5 mmol/l or less was 75% compared to the CCG average of 74% and the national average of 80%. The practice exception rate was 11%, compared to the CCG average of 9% and the national average of 13%.
- Performance for mental health related indicators was comparable to the CCG and national average. For example, the percentage of patients with schizophrenia,

bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in their records, in the preceding 12 months was 88% compared to the CCG average of 91% and the national average of 88%. The exception rate was 7%, compared to the CCG average of 6% and the national average of 12%.

There was evidence of quality improvement including clinical audit.

- There had been 14 clinical audits carried out in the last two years, and we saw evidence that two of these were completed two cycle audits where the improvements made were implemented and monitored. For example, one of the audits undertaken by the practice looked at the frequency of intrauterine device (IUD) insertions conducted by the practice and whether the required two-week follow-up and annual review of patients was being conducted. A IUD is a contraceptive device used to prevent pregnancy. The first audit identified that seven IUD's had been fitted during the past 12 months and all but one patient had received a two-week post fitting check. This patient had been invited to attend the practice for the check but failed to attend. In addition the practice identified that 21 IUD annual review checks had been conducted during the past 12 months. The findings of this audit satisfied the practice that they were conducting the required two-week and annual checks on patients fitted with a IUD.

The second cycle identified that during the previous 11 months, 12 IUD's were fitted by the practice. Of the 12 patients identified, 11 patients returned for their two-week post fitting check and one patient did not book the post fitting check appointment. Of the annual checks, the practice identified that six patients were overdue a check. As a result of this audit the practice recalled the six patients whose annual check was overdue as well as the patient who did not book the two-week post fitting check. The practice has now decided to conduct quarterly checks of patients with IUD, with the onus on the patient to re-book appointments for the quarterly reviews. The practice has identified that patients are to be educated of the importance of attending the two-week post fitting and quarterly checks.

### Effective staffing

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



# Are services effective?

## (for example, treatment is effective)

- 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, 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, discussions at practice meetings and practice nurse forums.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All eligible staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, 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.
- 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. We noted that patients who had an unplanned admission to hospital received a follow-up telephone call from the

practice once they had been discharged. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

One of the partners at the practice was the Macmillan GP advisor for the local area. The practice worked closely with the palliative care nurses and specialist Macmillan nurses to provide specialized programmes for patients requiring end-of-life care.

The practice had incorporated elements of the Gold Standards Framework (GSF) into their working practices to optimise care for all patients approaching the end of life. The GSF is a training package specialising in training those within primary care in providing effective end-of-life care for patients who require it. For example, the practice had an active list of those patients nearing the end of their lives, along with details of their relatives/carers available at reception, which ensured that staff were mindful of patient's current circumstances.

### Consent to care and treatment

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

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

### Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. 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. Patients were signposted to the relevant service.
- Dietary advice was available in house and smoking cessation advice was available from a local support group.

# Are services effective?

(for example, treatment is effective)

The practice's uptake for the cervical screening programme was 83%, which was comparable to the CCG average of 79% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and they 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 also encouraged its patients to attend national screening programmes for

bowel and breast cancer screening. The practice uptake rate for persons being screened for bowel cancer within six months of being invited was 56%, compared to the CCG average of 46% and the national average of 55%.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 85% to 94% and five year olds from 83% to 89%.

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



# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

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

The majority of the 49 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. Four of the comment cards referred to patients not always being able to get a suitable appointment at the practice.

We spoke with one member of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards 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 comparable (and some cases higher) than the national average for its satisfaction scores on consultations with GPs and nurses. For example:

- 92% of patients said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG) average of 85% and the national average of 89%.
- 88% of patients said the GP gave them enough time compared to the CCG average of 81% and the national average of 87%.
- 94% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and the national average of 95%.

- 89% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 80% and the national average of 85%.
- 95% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 82% and the national average of 91%.
- 94% of patients said they found the receptionists at the practice helpful compared to the CCG average of 78% and the national average of 87%.

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

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

Results from the national GP patient survey showed patients gave a positive response to questions about their involvement in planning and making decisions about their care and treatment. Results were comparable or higher than local and national averages. For example:

- 84% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 81% and the national average of 87%.
- 88% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 75% and the national average of 82%.
- 91% of patients said the last nurse they saw was good at involving them in decisions about their care compared to CCG average of 76% and the national average of 85%.

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

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

## Are services caring?

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

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 152 patients as carers which equates to approximately 3% of the practice

list. In addition, the practice had produced a leaflet for carers which provided information on social support networks, financial support and the local and national organisations which were available to them to access further information.

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

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

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

- 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 used a text reminder service to alert patients to upcoming appointments and gave the opportunity to cancel appointments by text.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice offered contraceptive services such as coil fittings, as well as family planning information and advice.
- The practice had recently introduced 12 minute standard appointments for patients.
- On line appointment booking and repeat prescription facilities were available on the practice website.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- The practice did not offer extended hours surgery. As the practice was a member of a local GP federation, patients at the practice have the facility to see a GP or nurse outside of normal working hours and at the weekend.
- Chlamydia screening was offered to 16-24 year olds.
- There were disabled facilities, a hearing loop and translation services available.
- The practice website had the facility to be translated into approximately 100 languages.
- Larger print forms were available for visually impaired patients.
- Telephone consultations were available to patients who were unable to attend the surgery during normal opening hours.
- The practice ran a yearly review clinic for patients with learning difficulties. These patients were given 30 minute appointments with a GP, who conducted a full review of patient needs and medication review.

### Access to the service

The practice telephone lines were open from 8:30am and 1pm; 2pm and 6:30 pm Monday to Friday, with the exception of Thursday when the practice closed at 1pm. The practice reception opening times were:-

- 8:30am - 6:30pm (Monday, Tuesday, Wednesday, Friday)
- 8:30am - 1pm (Thursday)

Appointment times are as follows:-

- 9am - 12pm, 2pm - 6pm (Monday)
- 9am - 11:30am, 3pm - 6pm (Tuesday),
- 9am - 12pm, 3:30pm - 6pm (Wednesday)
- 9am - 12pm (Thursday)
- 9am - 12pm, 3:10pm - 6pm (Friday)

The locally agreed out of hours provider provides cover for the practice between the hours of 6:30pm - 8:30am and 1pm - 2pm (Monday, Tuesday, Weds and Friday). Cover was also provided on a Thursday afternoon.

In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

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

- 68% of patients were satisfied with the practice's opening hours compared to the CCG average of 71% and the national average of 79%.
- 71% of patients said they could get through easily to the practice by phone compared to the CCG average of 52% and the national average of 73%.

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

The practice had a system in place to assess:

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

If a patient called the surgery (when the phone lines were open) requesting an urgent appointment or home visit, the receptionists would allocate the next available emergency appointment or advise the duty doctor that a home visit was requested. In cases where the urgency of need was so

# Are services responsive to people's needs?

(for example, to feedback?)

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.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager was the designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. A complaints leaflet was available at the reception desk and details of how and who to make a complaint to was listed on the practice website.

We looked at three out of the six complaints received in the last 12 months and found that these were dealt with in a

timely way and there was transparency in communications with the complainant. Lessons were learnt from individual concerns and complaints, and action was taken as a result to improve the quality of care.

For example, we viewed a complaint to the practice where the complainant was not happy with the length of time they waited before being seen by a member of the clinical team. The practice responded to the complaint by way of issuing an apology for any distress caused and provided a review and explanation of events on the day in question to the complainant. Due to longer than expected consultations with earlier patients, the complainants' appointment ran late, but they had been kept informed that the GP was running late. In addition, the GP was not familiar with local systems which meant that tasks such as locating and completing forms on the system, took longer to action. As a result of this complaint, the practice conducted an exercise to make sure that all patient records had relevant referral forms stored in one place within the online clinical system, which made it easier for the GP's to access. By doing so, the amount of time spent looking for the forms during patient consultation was expected to be reduced and help make all appointments run to schedule.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

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

- The practice had a mission statement and staff knew and understood the values.
- The practice had a 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 in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained. There was active management of registers of those patients diagnosed with a long-term condition.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- Each of the partner GPs along with the salaried GP was a practice lead for a specific clinical area.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- The practice had a local 'buddy' practice in the area. Arrangements had been made with the 'buddy' practice that would allow the practice to run some services should an event occur which resulted in the practice building not being able to open.

### 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, compassionate and holistic 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 in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

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

- Staff told us the practice held regular team meetings and we saw evidence of this by way viewing meeting minutes.
- 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, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, gathered the views of patient through questionnaires and submitted proposals for improvements to the practice management team, who attended PPG meetings. For example, the PPG at The Elmhurst Practice had recently joined together with the PPG's at two neighbouring practices to hold a joint health promotion open day at the practice. The open day

# Are services well-led?

Good 

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

was attended by a number healthcare providers who exhibited their services, as well as members of staff from each practice who were on hand to talk to visitors who attended the event.

- The practice had gathered feedback from staff through appraisals, ad-hoc discussions and staff meetings. 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. The practice management team held an annual awayday where priorities for the coming year were identified, discussed and plans formulated to address the identified priorities.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and sought to further their knowledge in both clinical and non-clinical areas of work. The practice ran a pre-booked 'one-stop clinic' for patients with two or more long-term conditions. Two weeks prior to attending the clinic, the identified patients had a recent blood test, the results of which were viewed as part of the

clinic. On the day of the clinic, patients would initially spend approximately 20-30 minutes with the practice nurse who conducts checks including blood pressure and weight. After the checks with the nurse are conducted, the patient would move on to see the GP and nurse together for a further 20 minutes to discuss results, changes to medication (if required) and listen to and discuss any concerns of the patient. We were informed by the practice that verbal feedback received from patients who have attended this clinic was very positive. The practice shared this model of care with a number of other practices within the locality, who have adopted a similar system within their practice.

The practice had been involved with a number of pilot programmes such as the National Cancer Diagnosis Audit and the cancer safety netting tool run by the London Cancer & Transforming Cancer services team. By participating in these pilots, the practice hoped to be able to improve outcomes for patients through optimising new diagnostic pathways.

The practice had recently funded a healthcare assistant course for a member of the administrative team.